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ISHED EVERY OTHER MONDAY . ISSUE OF MARCH 16, 1959

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 Nulsen, R. O.: Ohio State M 53:665, 1957.
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Medical Economics

NEWS BRIEFS



TANNING TO BUY A HIGHER PRICED CAR? Now may be the best time for two reasons, the Prentice-Hall information service advises: Many dealers are "everloaded" with costlier makes, and "the coming all cars will really rock the used-car market."

HOW MUCH OF AN M.D.'s HOLDINGS should be in cash? About 20% until he's 60, advises the American Institute for Economic Research. After that, 25%.

ELUE CROSS AND BLUE SHIELD SHOULD MERGE, "with comprehensive coverage as the goal," urges Man-lattan General Hospital Director Charles Togut. He calls the plans' separate operations and resultant slowness to offer broader benefits a "fatal invitation to Government control."

LOYD'S OF LONDON HAS BEEN DROPPED as a malpractice carrier by 3 more national specialty groups. Of the 9 such major accounts Lloyd's once had, 5 have switched to U.S. carriers in the last 18 months.

NEWS BRIEFS

PREFERRED STOCKS AREN'T A GOOD BUY NOW, advises investment expert C. Russell Doane. Reason: They share the risks of common stocks, but since their rate of return is usually fixed, they're less likely to reflect growth in company earnings.

WHAT DRUG DISCOVERIES CAN DOCTORS EXPECT in the next few years? By 1962, predicts G. B. Stone, general manager of J. B. Roerig & Co., we should have major new drugs for heart disease and mental illness, and an effective vaccine for the common cold. By 1965: a cure for cancer.

WHEN SENATOR MORSE STARTS INVESTIGATING medical costs later this month, he'll have to decide which of two recent local newspaper series ca doctors' fees to believe. Said the Washington (D.C.) Star: "Medical bills are a topic of indignant conversation." Replied the Daily News: Doctors' fees "measured over the last 20 years...haven't risen as steeply as most other items."

ANYONE WHO PREPARES YOUR INCOME TAX RETURN may now represent you before Internal Revenue Service agents or audit division examiners, even if he's not "enrolled" for such practice, the I.R.S. has ruled. The ruling doesn't apply to gift or estate tax returns, however, nor to appearances before the service's higher-ups.

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ONLY 1 TAXPAYER OUT OF 185 whose returns were audited last year also got investigated for fraud, latest Internal Revenue Service data show.

LOWER FEES FOR THE AGED are being pushed hard in all states by A.M.A. leaders. They fear that unless Blue Shield sets up new cut-rate contracts for the elderly at once, the Democratic Congress will pass legislation to give the aged medical care through Social Security. Typical fees for the elderly being proposed under the A.M.A. plan: hospital visit, \$2 or \$3; diagnostic X-ray study of hip or chest, \$8; appendectomy, \$52.50.

FEDERAL AND STATE TAX OFFICIALS have now agreed to swap some data from the tax returns of residents in 7 states: Colorado, Kansas, Kentucky, Minnesota, Montana, North Carolina, and Wisconsin.

\$6.50-PER-MONTH HEALTH COVERAGE for those over 65 has proved "quite satisfactory" says Continental Casualty Co. Chairman Roy Tuchbreiter. His firm is testing a policy that pays \$10 per day for hospital care and some surgical costs "regardless of... past or present health." But A.F.L.-C.I.O. official Nelson Cruikshank calls the plan "no solution" to the aged's health needs, warns it's being "seized upon...[to prevent] older people from getting [coverage] through...Social Security."

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NEWS BRIEFS

DON'T DISCLOSE ANYTHING to special agents of the Internal Revenue Service's intelligence division, warns former Tax Agent Paul Lipton: Anything you tell such agents can be used against you in court. If one calls on you, he advises, phone a lawyer.

STOCK AVERAGES WILL KEEP RISING as long as mutual funds and other institutional investors continue their heavy buying, one firm of business analysts predicts. Largely because of such buying, it adds, the market "belittled the recession in 1958 and seems to be...exaggerating the coming boom."

TAX BREAK FOR THE WELL-TO-DO is what opponents are calling the Keogh bill to let the self-employed set up tax-deferred pension funds. But Congressman Keogh disagrees. To get the maximum benefit, he points out, a doctor would have to net \$25,000 a year for 20 years. And if he earns that much, he now pays so much in taxes that there's little left over for building a pension fund on his own.

DOCTORS IN SEVERAL CITIES HAVE BEEN HOOKED recently by a man who claims to be a professional fund-raiser. He phones a doctor and, by several ruses, learns where he banks. Then he goes to a branch of that bank and says he's the doctor. He deposits a worthless check made out to the M.D., then withdraws most of this "deposit."

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To reduce the extent of additional cerebral damage in patients prone to "little strokes," Hesper-C offers, hesperidin complex with vitamin C—synergists in supporting capillary resistance and promoting capillary repair. Many instances of cerebral accidents may be avoided if adequate amounts of hesperidin and ascorbic acid are provided."

Hesper-C

a vital measure of protection against the "little strokes"

*Gale, E. T., and Thewlis, M. W.: Geriatrics 8:80, 1953.



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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, MAR. 16, 1959

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An economist tells you what you can expect in the way of earnings, expenses, patient-load, office help, health plan payments, and income taxes for the year 1969

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Here's what you can anticipate paying a good practice consultant for basic monthly services; when extras will show up on your bill; and why the deal can be called off any time

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when cough

In all situations where cough mu

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Whether a paroxysm, a protracted siege or only a single sharp bark, cough has a capacity for destruction1-6 ranging all the way from respiratory complications1 to dehiscence after abdominal surgery ... from the stress fracture of ribs in pregnancy² and asthma³ to the sudden attack, sometimes fatal, of cough syncope.4-6-And in ocular surgery and herniotomy, cough can even undo the operation itself.

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E. German, B. M. Cohen and S. E. Itkin, Am. J. M. Sc. 234:191, 1957.

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analgesic-antipyretic as Romilar CF, Co Formula, in syrup or capsule for

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Dr. Elmer Hess, one of the A.M.A.'s most outspoken past presidents, talks frankly to MEDICAL ECONOMICS' Lois R. Chevalier about one of today's most controversial topics

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You and your wife will find practical pointers in this story of how one medical community is helping doctors' widows to wind up their deceased husbands' financial affairs

How to Avoid Penalties on Your Tax Estimate . . 161

Virtually every practicing physician must file a declaration of estimated tax for 1959. If your estimate is far out of line, you can be hit with stiff penalties. Here are some easy ways to protect yourself

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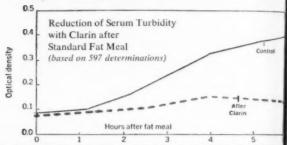
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in the management of atherosclerosis

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Each time your patients eat a substantial fat-containing meal, lipemia results. Small amounts of injected heparin will help control this increased fat content in the blood, 1.2 but widespread adoption of this method has been hampered by its inconvenience, pain, cost and the necessity for periodic checks on blood clotting time.

Now, long-term preventive heparin therapy is practical for the first time with the introduction of Clarin—which is heparin in sublingual form. Each Clarin tablet contains 1500 I. U. of heparin potassium—a sufficient amount to clear lipemic serum without affecting coagulation mechanisms.^{3,4}

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Dosage: After each meal, hold on tablet under the tongs

until dissolved.

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lingual tablets, each containing 1500 I. U. hepan potassium.

Council on Drugs, J.A.M.A. 166:52 (Jan. 1958.
 Hahn, P. F.: Science 98:19 (July 1943.
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 Engelberg, H., et al.: Circulaist 13:489 (April) 1956.

*Trade Mark. Patent applied for.

Thos. Leeming & Co. Inc. 155 East 44th Street, New York 17, N.

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This writer explains why the patient who owes money may well respond to courteous letters, whereas phone calls may irritate or embarrass him into seeking another doctor

'Red Tape Is Ruining Our Hospitals' 183

The author finds them scared about accreditation and hiding behind more bureaucratic forms than ever. His prescription: 'Let's spend less time on records that please the hospital inspector, and more time with patients'

'I'll Never Send a Patient to Him Again' 197

That's what this doctor has heard G.P.s say because of faulty reporting by specialists after the referral. Listen...

How to Deal With the Seductive Patient 207

The woman who throws herself at you can spell serious trouble. Here's a psychiatrist's analysis of why it happens, along with his Rx for fending it off

Do you take an active hand in collections? Do you fill out the patient's case history in full? Do you give all injections, take blood pressures and X-rays, and run off routine laboratory tests? Then these tasks are probably costing you ten times more than they should!

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Each 5 ml. teaspoonful of TRIAMINICOL provides:

Triaminic®	25 mg.:
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No doubt your secretary screens all incoming phone calls. Yet there are probably some patients who insist on speaking to you personally. This management man outlines a cure

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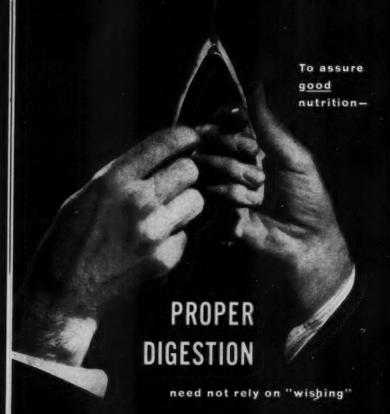
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Letters

Charity for Courtesy

Sirs: Here's an easy solution to the professional courtesy problem: Send the doctor a check made out to his favorite charity, enclosing a note asking him to forward this expression of your appreciation for his care.

If it's awkward to ask what charity he contributes to, make out the check to his medical school.

> W. H. Stover, M.D. Merced, Calif.

Sirs: ... I suggest a contribution to the American Medical Education Foundation in the physician's name. (The money will go to a specific school if you so request.) The foundation will send the doctor a card informing him of this.

B. A. Moranville, M.D. Columbia, Mo.

Psychoanalysis a Cult?

Sirs: You report that two physicians have asked the Government to rule that psychoanalysis for doctors is deductible as a business expense. Its therapeutic effect, they claim, makes them better doctors.

Any such deduction should be illegal. For psychoanalysis, with its dangerous disregard of physical factors in emotional and mental disorders, never has been a form of medical treatment-even though the analyst is an M.D.

Since belief in Freud's occult theories is mandatory for psychoanalysts, they should be regarded as cultists.

> Henry Turkel, M.D. Detroit, Mich.

G.P.s Aren't Fighting

SIRS: In a recent letter, Dr. Avrom M. Greenberg of Buffalo, N.Y., asks: "Why should the G.P.s feel compelled to do battle with us internists for the honor of serving as family physicians?" But I wonder if this problem exists generally.

I'm a charter member of the A.A.G.P. and one of the founders of the Texas Academy of General Practice, and have held many official positions in both organizations. Yet I know of no such "internecine strife" between G.P.s and internists as Dr. Greenberg writes about. The G.P.s in Texas, as in most Southern states, cover 80 per cent of the medical and surgical needs of the public and find themselves in complete harmony with the specialists,

Letters

including the internists. There's plenty of work for all.

The A.A.G.P. is the only medical organization requiring continuing post-graduate work for membership. While this has taught many of us to get along without leaning on the specialists, it has also taught us our shortcomings, so that we can more readily determine when we need the specialists' help.

It's unfortunate that such postgraduate study isn't required of the internists. It would probably reduce the number of hotheads among them who imagine they're at war with us. What, after all, is an internist? He's really a G.P. who hasn't learned to do surgery or obstetrics.

> B. H. Bayer, M.D. Houston, Tex.

That's No 'Relic'

SIRS: In "What Causes Friction in Partnership Practice?" you quote a Texas internist as saying: "The senior partner in our set-up is a relic of the 'history and physical exam' days. He prescribes a minimum of medicine, laboratory studies, X-rays, and hospitalization."

What does he mean, "relic"! I got my degree only twenty years ago, and I was taught then—and

still believe now—that at least 80 per cent of diagnoses can be made by means of a good history and physical examination alone.

I don't claim this supremely commendable skill for myself. And I don't disparage or fail to use the skills of the many technicians and consultants available. But what's wrong with being so good a clinician that one can prescribe the minimum medicine, lab studies, and X-rays, and treat successfully at home those patients whom another doctor, with perhaps less experience, resourcefulness, and confidence, would turn over to the far less loving care of a hospital?

Leo Nadvorney, M.D. Bronx, N.Y.

Private Hospitals Doomed?

SIRS: Like many another M.D. in a similar situation, I was shocked at the size of the hospital bill when I had tonsillectomies done recently on both my children. They spent just one night in a twin-bed hospital room. But the hefty charges for "extras" made my Blue Cross coverage look small.

Apparently you can't blame the hospitals for high charges. They're going broke despite them. The other day the head of a voluntary hospital in New York City estimated the total deficits of hospital there at \$6.000.000.

Have private hospitals reached

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Now-talk your medical records as you practice on the striking new Key-Noter Gray Audograph. This tiny Advanced Design instrument frees you from paperwork by recording case histories, prognoses, etc., as you examine, as you treat-even as you travel from call to call. Smaller, lighter, easiest of all to use, the Key-Noter is the only dictating machine especially designed for the busy doctor. Not just a tape recorder, but a full-fledged, full-fidelity, fully transistorized dictating instrument that doubles as a transcriber . . . and costs up to \$125 less than the other three leading makes. Get all the facts. Mail coupon now.

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Letters

the end of the road? Has modern medicine outstripped our capacity for voluntary support?

> R. E. Brown, M.D. New York, N.Y.

How to Please Addicts

SIRS: You report that readers of This Week Magazine have voted three to one in favor of a plan for giving free narcotics to addicts. Strongest support was said to come from readers describing themselves as former addicts.

As one who's conversant with the narcotics problem, I wonder: 1. Are these really *former* addicts, or plain addicts? 2. If they're presently abstinent addicts, how long would they remain so if offered a steady supply of free "junk"?

Malachi L. Harney

Superintendent,
Division of Narcotic Control
Illinois Dept. of Public Safety
Springfield, Ill.

They Don't Sue, But-

SIRS: The really significant parts of "Can You Spot the Patient Who'll Sue?" are about the patients who aren't inclined to sue.

Twice as many patients who have sued a doctor go to chiropractors as do patients who haven't sued—60 per cent as compared with 30 per cent. Isn't it amazing that 30 per cent of the presumably normal, more intelligent people go to chiropractors?

Twice as many patients who have sued complain about hospital nurses—40 per cent as compared with 20 per cent. So 20 per cent of the better patients say nurses aren't nice. Remarkable!

More suit patients—64 per cent compared with 42 per cent—think all doctors charge too much. Isn't it staggering that 42 per cent of the well-adjusted, normal patients think this?

M.D., Ohio

Why Shuffle Patients?

SIRS: In "How to Lose Patients," one of the ways suggested is to give the patient's record a file number and to write this number on his appointment card. He's then supposed to present this numbered card to the girl when he comes to the office.

I really don't believe patients resent this efficient system as cold or undignified. Certainly in a large office it's much the best method. An alphabetical arrangement of files requires constant shuffling as new patients are added. But a numerical system requires only additional cabinets.

> Henry A. Davidson, M.D. Cedar Grove, N.J.

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MEDICAL ECONOMICS · MARCH 16, 1959 21

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in arthritis, BUFFERIN® because . . .

...in the majority of your arthritic cases Bufferin alone can safely and effectively provide adequate therapeutic control without resorting to the more dangerous cortisone-like drugs.

...BUFFERIN is better tolerated by the stomach than aspirin, especially among arthritics where a high dosage, long term salicylate regimen is indicated.

... Bufferin provides more rapid and more uniform absorption of salicylate than enteric-coated aspirin.

...even in the relatively few cases where steroids are necessary, use of BUFFERIN will allow proper flexibility for individual dosages.

...Bufferin is more economical for the arthritic who requires a long period of medication.

...BUFFERIN contains no sodium, thus massive doses can be safely given without fear of sodium accumulation or edema.

Each sodium-free BUFFERIN tablet contains acetylsalicylic acid
5 grains, and the antacids magnesium carbonate and aluminum glycinette

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Dose

SYMPTOMATIC RELIEF ... AND FAST

from the

DRIP AND STUFFINESS

associated with

COMMON COLD 'FEDRAZIL'

Sugar-coated Tablets

... contain an orally effective nasal decongestant combined with a good antihistamine

Dose: 2 tablets initially, then one every 3 or 4 hours as needed

Each sugar-coated tablet contains:

'Sudafed' brand Pseudoephedrine Hydrochloride . . . 30 mg. 'Perazil' brand Chlorcyclizine Hydrochloride 25 mg.



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BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York

MEDICAL ECONOMICS · MARCH 16, 1959 23



"Why Doctor!

It's as easy as dialing TV!

Yes, sterilizing with Castle's new 999 Autoclave is almost as easy as dialing your favorite program. That's because a single control handle does it all—fills, sterilizes, vents.

Think of it . . . you simply dial "Autoclave" when you want to sterilize, or "Fill" when you want to add water. No intricate sequences to remember, no multiple knobs to turn. Nothing could be simpler . . . or surer.

Safer, too—for there's a built-in timer to assure correct exposure timing, and a special gauge to tell the water supply story at a glance.

And there's no waiting betwee loads—double shell construction permits instant recycling. Big 9 x 16 chamber helps, too—everything go in with room to spare.

To top it off, the 999 comes in color Soft pastels . . . green, coral, or silver

tone . . , to match your present equipment and harmonize with room surroundings. Let your dealer show you one today.



. . or send for full-color folder

Castle_ LIGHTS & STERILIZER

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THE CORNERSTONE OF

HELPS RELIEVE
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UPPLY: 50 AND 100 MG. TABLETS, BOTTLES OF 100, 1000 AND 5000



Squibb Quality - the Priceless Ingredient

Squibb Whole Root Rauwolfla Serpentina

silve

In Mild Depression



p-acetamidobenzoic acid salt of 2-dimethylaminoethanol

Anti Depressant

Do Not confuse it with tranquilizers

'Deaner' must not be confused with tranquilizing or sedative drugs which may aggravate depression. On the contrary, 'Deaner' is often used to counteract drug-induced depression.

'Deaner' is valuable as an emotional normalizer in many situations other than depression, such as behavior problems with agitation. Nor should 'Deaner' be considered an ordinary stimulant. Its gentle action differs from that of other stimulants in that it leads to increased useful energy and alertness without the undesirable side effects of amphetamine-like drugs. Deanex, a totally new molecule, offers are type of alleviation in depression, fitte states and many other emotional distuit ances. Its physiologic effectiveness at safe central nervous system etimular attributed to its activity as a probing precursor to acetylcholine.

Deaner leads to better ability to concentrate increased daytime energy, sounder as (with less sleep needed), and a more and moved.

Decree acts gently, gradually, and its effect are prolonged... without causing hyperiritability... without causing loss of appetite... without elevating blood pressures heart rate... without sudden letdown of discontinuance.

Decree is valuable in the treatment of children, especially those whose perform ance is impaired by behavior problem whose attention span is too short, and whare emotionally unstable, unpredictable and unadaptable.

Dosage: Initially, 1 tablet (25 mg.) in the nor ing. Maintenance dose, 1 to 3 tablets: for children by to 3 tablets. Three to four weeks of thensy may be required for maximum benefit.

Literature and bibliography available upon request.

Riker

Northridge, Californi

26 MEDICAL ECONOMICS · MARCH 16, 1959

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TRUE EGG PORTABILITY



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TAPE RECORDING

ou take it for granted that today's medical instrumentation is basically accurate and reliable. But beyond these expected fundamentals, the dependability -usefulness - and convenience of any instrument depends almost wholly on how much the instrument manufacturer knows of your needs and how well he has applied this knowledge. For more than 40 years, Sanborn Company has asked the general practitioner and medical school teacher...the cardiologist and researcher ... the industrial physician and clinician, what they particularly need for greatest usefulness and value in diagnostic and research instrumentation. The instruments shown here are typical Sanborn answers to these needs. . . exemplified in the field of cardiography by the Model 300 Visette - the first ECG to make "18pound portability" a practical reality. Since its introduction less than two years ago, the Visette has literally become the "travelling diagnostic companion" of over 4000 of your colleagues.

When you choose any instrument to provide you with information for diagnosis and research, consider the instrument's background and past — as a good gauge of its future value to you. Sanborn Company, Medical Division, 175 Wyman Street, Waltham 54, Massachusetts.

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NEW...prenatal supplements

both especially for multiparm

Natalins® Comprehensive

Vitamins and minerals, Mead Johnson

tablets

12 significant vitamins and minerals

Natalins® Basic

Vitamins and minerals, Mead Johnson

tablets

4 basic vitamins and minerals

convenient one-a-day dosage

two formulations to meet individual needs of your patients

The need of the multipara for supplemental nutrition may be greater as successive pregnancies deplete her stores of nutrients. Anemia has been found to occur more frequently in multiparas than in primigravidas!—

Natalins Comprehensive and Basic meet this need generously -iron (40 mg. per tablet), ascorbic acid (100 mg. per tablet) and calcium (250 mg. per tablet).

2. Traylor, J. B., and Torpin, R. Am. J. Obst. & Gynec. 61:71-74 (Jon.) (B).



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Profit' on an Illness Is Ruled Nontaxable

The Internal Revenue Service has just given the answer to a tax problem that you may face some time: What's the proper tax treatment of a health insurance profit on an illness?

Such a profit isn't as unlikely as it may seem at first glance. It could accrue to you if you have medicalsurgical insurance that pays indemnity benefits.

Suppose a colleague treated you for an ailment, then firmly refused payment. Your incidental expenses while you were laid up might be minor. Yet the indemnity policy would still pay you the full benefits listed in your insurance contract.

If that does happen, you have the Revenue Service's blessings for counting the insurance payment as a tax-free windfall. Here's the new I.R.S. ruling on the kind of health insurance that pays fixed indemnity benefits "irrespective of the amount of expenses incurred by the policyholder": (1) The premiums you pay for such a policy qualify as a medical deduction on your tax return; and (2) you can exclude from

your gross income any benefit payments "greater in amount than was actually expended" for medical and surgical expenses.

This Plan Helps Patient Pay In a Lump Sum

Interested in helping patients with large overdue accounts to settle up in a lump sum? One medical group has found a way of encouraging such patients to borrow the necessary money.

"We had many outstanding accounts that ran to several hundred dollars," explains Burton T. Whitlock, business manager of the fourphysician Cody (Wyo.) Clinic. "Some patients were making small regular payments, but we doubted they'd get their accounts paid up within a reasonable time-if ever. Then we hit upon the following proposition:

"We told each patient that if he'd borrow the money to pay his bill from a bank we'd deduct the interest on his loan from his bill. Our punch line was: 'It won't cost you one cent extra to pay your bill in full right now.'

"Many patients quickly accepted

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OSAGE: Ledlime. Suire anoti

UPPLIED: blets, bo full-flavor 130 cc. d

DOXIN

(tablets and drops)

ONADOXIN Tablets relieve auses and vomiting of pregacy in 9 out of 10,1-7 often thin a few hours.

prever, a controlled study 620 cases reported that with BONADOXIN "toxicity and tolerance [are] zero."! ONADOXIN is rarely soporific. is free from the risks ascated with overpotent transliger-antinauseants.

JTE: BONADOXIN has also an shown highly effective in siering nausea and vomiting sociated with: anesthesia, ration sickness, Meniere's synome, labyrinthitis, cerebrai reriesclerosis, and motion ciness.

ach tiny pink-and-blue ONADOXIN tablet contains:

clizine HCI (25 mg.) . . . for antivertiginous, antinauseant effects.

ridoxine HCI (50 mg.) . . . for specific metabolic replacement.

OSAGE: usually one tablet at dime. Severe cases may reire another dose on arising.

UPPLIED: tiny pink-and-blue biets, bottles of 25 and 100. oil-flavored, clear green syrup 120 cc. dropper bottles. Infent celic? BONADOXIN DROPS are antispasmodic...stop colic in 84%,8-10 without the risk of beliadonna and barbiturates.

Each cc. contains:
Meclizine dihydrochloride . . 8.33 mg.
Pyridoxine hydrochloride . . 16.67 mg.

Dosage:

under 6 months 0.5 cc.

6 months to 2 years . . . 1.5 to 2 cc.

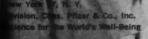
2 to 6 years . . 3 cc. -

adults and children

over 6 1 tsp. (5 cc.)

2 or 3 times daily, on the tongue, in fruit juice or water

References: 1. Goldsmith, J. W.: Minnesota Med. 40:99 (Feb.) 1957. 2. Groskioss, H. H., et al.: Clin. Med. 2:85 (Sept.) 1955. 3. Weinberg, A., and Werner, W. E. F.: Am. Pract. & Digest Treat. 6:590 (April) 1955. 4. Crawley, C. R.: West. J. Surg. 8:463 (Aug.) 1956. 5. Tartikoff, G. Clin. Med. 3:223 (March) 1955. 6. Dunn, R. D., and Fox, L. P.: Clinical exhibit. 7. Codling, J. W.. and Lowden, R. J.: Northwest Med. 3:7331 (March) 1958. 8. Dougan, H. T.: Personal communication. 10. Steinberg, C. L.: Personal communication. 10. Steinberg, C. L.: Personal communication.



Nasal patency in minutes for hours



Nasal Solution, 1-ez. dropper bottle and pint bottle, 0.1%, Nasal Spray, 15 cc., in plastic bottle, 0.1%, "cediatric Nasal Drops, 1/2-oz. bottle, 0.05%, with calibrated dropper,

Science for the world's well-being FFIZER LABORATORIES, Division, Chas. Prizer & Co., Inc. Brooklyn 6, N. Y.

ess or deep sleep in infants and you by Chillager, set Act. Acts. Use Ped fron under six years. When Tyzine fid be held only in an upright posit

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News · News

our offer," Whitlock continue "They apparently felt we were meeting them more than halfway. Net result of the program? collected almost \$50,000 in a accounts the first six months."

Liability Trends Worry Drug Industry Too

Doctors aren't the only ones whose problems of liability coverage a increasing. The trend of decision in drug cases has also made tougher for some drug manufac turers to get product liability is surance. So much so, one drug-industry lawyer now reports, the Federal legislation may be the out way to solve the problem.

The drug industry's troubles, says Attorney Everett Willis, an illustrated by the case in which i California jury ordered Cutter Lab oratories to pay \$147,300 after two children contracted polio-aller edly from live Cutter vaccine. The jury made this award even though it found Cutter not guilty of negli gence. Cutter has appealed the case.

Willis says other drug firms have had to pay similar claims, publicized, but nevertheless stantial." The upshot: "Companie that write product liability policies have become increasingly alarmed at the size of the claims they are Month called upon to meet."

Through his monumental work on conditioned reflexes, and his sham-feeding experiments on dogs,

Ivan P. Pavlov

(1849-1936) established the relationship between central nervous system and stomach, showed that increased flow of gastric juice eventuates from vagal stimulation.

Milpath[®]

Miltown + anticholinergic

suppresses vagal stimulation, provides relief of pain, spasm, anxiety and tension without belladonna or barbiturates. Side effects are minimal.

IVAN P. PAVLOV

> Formula: Each scored tablet contains: meprobamate 400 mg., tridihexethyl chloride 25 mg. (formerly supplied as the ladide).

Dosage: 1 tablet t.i.d. with meals and 2 tablets at bedtime.

Indications: duodenal and gastric ulcer . colitis spastic and irritable colon . gastric hypermotility . gastritis exophageal spasm . intestinal colic . functional diarrhea . G. l. symptoms of anxiety states.

Literature and samples on request.



WALLACE LABORATORIES

New Brunswick, N. J.

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relief of sore throat in minutes

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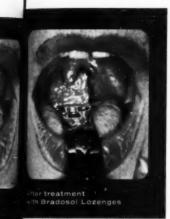


New Bradosoi Lo

fungicidal bactericidal

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infection deared within 72 hours



Lozenges

anesthetic

idal

Combats oral infections . . . soothes irritated tissues

Bradosol bromide is a new quaternary ammonium antiseptic of extremely low toxicity. Clinical trials have shown that Bradosol Lozenges are highly effective in the prevention and treatment of common mouth and throat infections and irritations. "Strep. throat," tonsillitis, pharyngitis, laryngitis, oral thrush—these are representative of the conditions in which clinicians report good to excellent results. And, since Bradosol Lozenges contain an effective topical anesthetic (benzocaine), patients report symptomatic relief within moments.

Not antibiotic... therefore, no antibiotic side effects

Stomatitis and glossitis—commonly reported with certain antibiotic lozenges—do not occur. Resistance to Bradosol is not to be expected, nor is sensitization a clinical problem. Moreover, Bradosol Lozenges act against most, if not all, of the common invaders of the oral cavity. Even fungi, such as thrushcausing Candida albicans, are susceptible to Bradosol.

Supplied: Lozenges, each containing 1.5 mg. Bradosol bromide and 2.5 mg. benzocaine; packages of 24 in the convenient "Flip-Top Box."

BRADOSOL® bromide (domiphen bromide CIBA)

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C I B A SUMMIT, N. J.

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For example, he goes on, "I am told that within the last month one reputable manufacturer has been refused a renewal of his product liability policy and is having some difficulty placing a policy with any other carrier. This company had carried insurance for many years without significant claims, until it recently ran into difficulties with a new product."

The crux of the problem is that "insurers will cover only calculable risks," Willis continues. And because of the decisions in Cutter's and similar cases coupled with the increasing number and complexity of new products, "product liability appears to be getting less calculable every year." The best solution, he suggests, may be to seek a Federal law limiting drug manufacturers' liability-in nonnegligent injury cases-in one of two ways:

Base the liability on "a stated percentage of the seller's net sales of that product for the year in which the injuries occurred."

¶ Base it on a figure beyond which "insurance coverage is no longer obtainable or economically feasible."

There are other ways that might work, Willis concedes. But unless some limitation is set on the drug manufacturers' liability in nonnegligence cases, the day might come when their "very incentive to continue research into new fields of prevention and cure of disease would inevitably be reduced."

Writer Attacks Fees; M.D.s Counter-Attack Harder

Three Charlotte, N.C., physicians proved recently that doctors needn't suffer in silence when medical fees get maligned in the press. The three felt the public doesn't get a true picture when newspapers simply measure medical fees against the Consumer Price Index. So they started collecting facts to tell a fuller story.

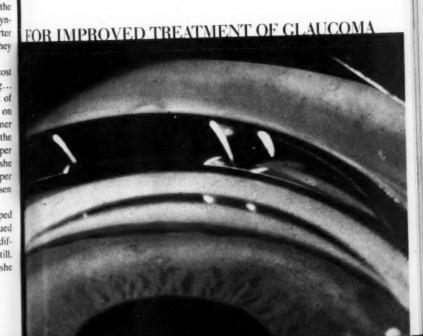
They waited and watched the newspapers. Soon a nationally syndicated column by Sylvia Porter gave them the opportunity they were looking for.

Miss Porter described the cost of medical care as "skyrocketing... far more than the over-all cost of living." She based the charge on her interpretation of the Consumer Price Index. She reported that the index had climbed about 23 per cent in ten years. Meantime, she said, G.P.s' fees had shot up 39 per cent and surgeons' fees had risen 26 per cent.

Dr. David G. Welton whipped out a rebuttal. His article argued that if Miss Porter would use a different base year-or, better still. different means of analysis-she

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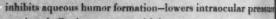
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reduce intraocular pressure with a new, highly potent carbonic anhydrase inhibitor

DICHLORPHENAMIDE



continued effectiveness, even with long-term use

reduces danger of metabolic acidosis

may be effective when other therapy, including miotics. has failed or has not been tolerated

smooth control-few side effects

low dose effectiveness-less than with other carbonic anhydrase inhibitors

effective orally-unsurpassed absorption after oral administration

fast acting-effective within one hour; effect maintained 6 to 12 hours

economical

Indicationo: Chronic simple (wide angle) giaucuma; acute congestive (narrow angle) giaucuma; chronic esgastive glaucoma; secondary glaucoma (acute phase); preoperative control of intraocular pressure of glaucoma. Desage: Usual adult desage is from 25 to 50 mg. once to three or four times daily. Therapy with 'Darasid' is usually most successful when employed in conjunction with miotics. As with patients on any other carbon anhydrase inhibitor, it is assential to keep a close check on the electrolyte balance of the patient during thorapy with 'Darunida'.

Additional information on 'Daranide' is available to physicians on request. Supplied: 'Daranide' Tablets, 50 mg., bottles of 100.



MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA

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could see that her charges were "something of an optical illusion." His figures showed that doctors' fees, having lagged behind living costs for years, were just now beginning to catch up. Two officers of the local medical society, Drs. Paul G. Donner and James E. Hemphill, joined Dr. Welton in signing the piece.

Dr. Welton took their work to the editors of the Charlotte Observ-

er. The newspaper printed the article, giving it five-columnwide display, with two charts that the doctors had supplied. (Miss Porter's original article had received



three columns.) The editors also ran a front-page notice, outlined in red, to draw readers' attention to the doctors' piece.

Miss Porter's article had been headlined: "Medical Costs Shocking." The doctors' rebuttal got the headline-in bigger, blacker type - "Medical Costs Not Excessive."

Wrong Way to Hire a Beautiful Blonde

If you hired a beautiful blonde aide, would you go right home and tell your wife what a splendid figure the new girl had? A silly ques-

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tion. Yet that's what Dr. John Cronin, a 42-year-old British surgeon, recently did.

To keep all the applicants he interviewed straight in his mind, he made little notes about each. After he'd made his final choice, his wife asked casually what the girls had been like.

"Oh," said the doctor, "just girls. Made some notes. Here. Look them over if you wish." And absently he handed his memo book to her.

The top note concerned the successful candidate. It read: "Tall blonde, good figure."

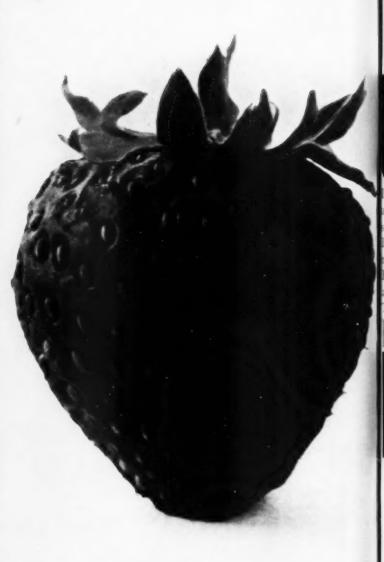
Says Dr. Cronin: "I am still attempting to explain it satisfactorilv."

'Doctors Need Their Own Diagnostic Centers'

The doctor who wants to order a diagnostic work-up for his private patient often runs into a dilemma. Blue Cross, Blue Shield, and commercial insurance carriers complain if a doctor hospitalizes patients for work-ups that could be done on an out-patient basis. So do overcrowded hospitals.

But what's the alternative? Most hospital out-patient departments aren't set up for the private patient. And few doctors can equip their

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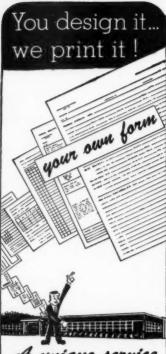
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Urticaria?

Dimetane works to relieve the symptoms in urticarial reactions, as it does in allergic rhinitis, atopic and contact dermatitis. The summary conclusion of extensive clinical studies to date: Dimetane provides unexcelled antihistaminic potency with minimal side effects—in the whole gamut of allergic disorders. For your patient with allergic symptoms prescribe Dimetane, available in the following forms: ORAL: Extentabs (12 mg.), Tablets (4 mg.), Elixir (2 mg./5 cc.). PARENTERAL: Dimetane-Ten

Injectable (10 mg./cc.) or Dimetane-100 Injectable (100 mg./cc.). A. H. Robins Co., Inc., Richmond 20, Virginia. Ethical Pharmaceuticals of Merit Since 1878.

Inetale (PARABROMOYLAMINE MALEATE)



unique service

Your own personally designed case history forms at just about stock form prices.

You design your form in rough pencil sketch - we refine it to a finished product.

Only we, the makers of famous "Histacount" products, have the know how and organization to render this service at such low

WRITE FOR DETAILS PROFESSIONAL PRINTING COMPANY, INC. 10 HISTACOUNT BUILDING NEW HYDE PARK N

News · News

own offices with the expensive di agnostic facilities that hospitale have.

So it's up to doctors to find a so lution jointly, says Dr. Norton S Brown, new president of the New York County medical society. His suggestion: centralized diagnosti facilities, or health-center labora tories, that could be used by a doctors in private practice. The centers would be adequate equipped and staffed. They'd h conveniently located-probably i hospitals. But they'd be under the direction of physicians in private practice.

Private practitioners who set u their own diagnostic centers would reap two bonuses, Dr. Brown pro dicts: They'd hear fewer charge of overhospitalization. And they stop "losing patients to institu tions."

Doctors' Fees Get Least Criticism as 'Too High'

When working people gripe about the high cost of living, it seems that doctors' fees come in for a good deal less criticism than other items in the budget. That's the finding of a survey made in New York City recently by the Foundation on Employe Health, Medical Care, and Welfare, a management-labor 10 search group.

Several hundred machinist-un-

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ion members were asked to label various expenses as "much too high," "somewhat high," or "about where they should be." Doctors' bills came off by far the best: 45 per cent of the workers put them in the "about where they should be" category, and only 22 per cent said physicians' fees were "much too high."

Contrast this with the feeling about food prices. Only 11 per cent said food costs were about what they should be, and 51 per cent thought they were "much too high."

The table below shows a breakdown of items the workers do and don't consider overpriced.

Extra Training Costs Less For M.D. With a Boss

The G.P. who wants to take specialty training would do well to find himself at least a part-time boss. Reason: You get a tax deduction for courses that an employer requires you to take as a condition of holding your job. But if you're strictly self-employed, you can deduct the cost of post-graduate education only if it's to help you maintain your present professional status.

For example, a G. P. who's a

What Workers Think About the Prices They Pay*

	"About Where hey Should Be"	"Somewhat High"	"Much Too High"	No Opinion
Physicians' fees	45%	20%	22%	13%
Dentists' fees	36	19	31	14
Clothing prices	32	38	22	8
General medical costs	30	19	33	18
TV and auto repair charg	ges 18	20	42	20
Hospital charges	14	17	34	35
Prescriptions at drugstore	es 12	20	54	14
Food prices	11	32	51	6

Based on a survey of 286 New York families (comprising 829 persons) whose wage-earners are members of the International Association of Machinists, District 15.

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to help your patients resist old age prescribe

during the middle years

vitamins

Vitamin Bo Vitamin Boz with intrinsic

factor concentrate
Folic acid
Choline bitartrate
Pantothenic acid
(as the sodium salt)

minerals

Ferrous sulfate (exsiccated) Iodine (as potassium iodide) Calcium carbonate

digestive enzymes Taka-Diastase®

20 mg. 133.3 mg. protein improvement factors I-Lysine monohydrochloride dl-Methionine

Methyl testosterone Theelin

1.67 mg. 0.167 mg.

1,667 Units (0.5 mg.) 0.67 mg. 33.3 mg. 16.7 mg. 0.67 mg. 0.5 mg.

0.033 USP Unit (oral) 0.1 mg. 6.67 mg.

dosage: One Kapseal three times daily beforeals. Female patients should follow each 21-day course with a 7-day rest interval. packaging: ELDEC Kapson's are available in

PARKE, DAVIS & COMPANY, Detroit 32, Michigan

ELDEC BEGINS AT 40

DIURIL GIVE GREATER EFFECTIVENESS TO ANY PROGRAM FOR HYPERTENSION

RATIONALE

"It appears that there is now available in chlorothiazide a drug which is a specific antagonist to the abnormal sodium metabolism seen in the vast majority of hypertensive patients. The use of this agent [DIURIL] may stand the test of time as the most vital and specific weapon in the treatment of a relatively non-specific disease in which the only specific abnormality known is one of sodium metabolism Chlorothiazide now appears to be the drug of choice when initiating therapy in the average hypertensive patient." Reinhardt, D. J.: Delaware State Med. J. 30:1, January 1958. RESULTS

"We have presented a group of 48 patients previously treated with a variety of antihypertensive agents." "Upon the addition of chlorothiazide to their regimens, there was realized an additional blood pressure lowering effect of 23 mm. systolic and 11 mm. diastolic." Bunn, W. H., Jr.: Ohio State Med, J. \$4:1168. September 1958.

MINIMAL SIDE EFFECTS

"There is an extremely wide range between therapeutic and toxic dosage, and no significant side effects and no sensitivity to the drug as yet have been observed."

Herrmann, G. R., Heitmancik, M. R., Graham, R. N. and Marburger, R. C.: Texas State J. Med. 54:639, September 1958. dosage: one 250 mg. tablet DIURIL b.i.d. to one 500 mg. tablet DIURIL t.i.d. supplied: 250 mg, and 500 mg, scored tablets DIURIL (Chlorothiazide) bottles of 100 and 1000. DIURIL is a trademark of Merck & Co., INC. O 1959 Merck & Co., Inc. Trademarks outside the U.S.: CNLOTRIDE, CLOTRIDE, SALURIC.



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part-time school physician could deduct the expenses connected with pediatrics courses taken at the insistence of his employer. Yet if he took the same courses on his own hook, he probably couldn't deduct for them.

This lesson emerges from an analysis of education deductions by Tax Lawyer H. H. Loring of Oakland, Calif. Even under the latest I.R.S. rulings, he concludes, the professional man in private practice pays a price for being his own boss that the self-employed busi-

nessman needn't pay. A businessman can tax-deduct his expenses for promoting sales. But Loring notes that the doctor who considers taking post-graduate training to prepare him to earn more income can't count on encouragement from the tax collector.

Bootleg Dope Now Quoted At \$18,000 an Ounce

The most expensive drug around isn't stocked in your local pharmacy. It's heroin, recently reported to be selling wholesale for \$18,000 an ounce. An addict pays from \$5 to \$10 for a much-diluted shot.

These figures on the economics



for the dragging, nagging sym of upper respiratory disorder



DAPRISA

...ideal supportive therapy to keep your patient "on the go

Your patients suffering from the dragging, nagging symptoms of respiratory disorders—headache, muscle aches, a depressed, feeling—get far more than simple analgesic relief with 'Daprisal' effective combination contains the mood-lifting components of Des (brand of dextro amphetamine and amobarbital) plus two wide scribed analgesics. Thus, 'Daprisal' will raise the pain threshol increase the patient's sense of well-being.



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Outstanding safety

establishes peaceful indifference to preoperative preparation without serious hypotensive effects.

Psychotherapeutic potency

makes possible the maintenance of an adequate degree of narcosis with reduced doses of narcotics.

relieves tension and controls emesis in both postoperative and postpartum patients.

Recommended Oral Dose: up to 400 mg. dail; in divided doses Recommended Parenteral Dose: 25-50 mg. (1-2 cc.) I.M. q.4 h., p.r.n.

Suplied as: Vistaril Capsules - 25 mg., 56 ng., 100 mg.
Vistaril Parenteral Solution - 10 cc. vials and 2 cc.
Steraject® Cartridges, each cc. containing 25 mg. hydroxyzine (as the HCl)

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of illegal drug traffic come from the New York State Bar Association. It has used them to urge state legislators to make it legal for physicians to prescribe narcotics for "registered addicts"—a proposal that's getting consideration once again. This, say the lawyers, would kill off "the fantastic profits" now being made by dope pushers.

Gist of the Bar Association argument: "Ethical drug houses sell cocaine for \$18.93 an ounce, morphine for \$14 an ounce. That's quite a contrast to the \$18,000 that bootleg heroin is bringing."

They Don't Just Keep Drug Samples—They File 'Em

Most physicians have scores of drug samples in the office. But the question often arises: Can the doctor lay his hands on a specific item when he wants it? Doctors in one medical group couldn't—until they worked out a novel filing system.

"We used to put all incoming samples into one big closet," says Dr. William G. Crook of the Jackson (Tenn.) Children's Clinic. "There they got so hopelessly jumbled up that we'd spend many precious minutes looking for a specific drug when we wanted it. Often we never could find it. So we finally did something about it.

"We built a wall cabinet seven feet high, six feet wide, and fifteen inches deep. It's divided into two main sections. The lower has two shelves, and holds large items such as packages of dried milk and baby foods.

"The upper section has some forty labeled cubicles, each for a specific kind of drug. There's a cubicle for antibiotics, one for antihistamines, one for tranquilizers, one for eye drops, etc. And we keep each sample in its proper slot,

"Furthermore, most detail men who call here know our filing system. After they've shown us a new drug, they take it to its proper compartment in the cabinet themselves. Now we no longer have to scratch around like terriers in a woodpile to find a specific sample."

How Soon Should a Doctor Publish His Findings?

Doctors who wouldn't think of letting their names be used in paid advertising are much less careful about lending their names to "testimonials" in the news columns of the daily papers. So charges Dr. George Alexander Friedman, secretary of the American Board of Legal Medicine, an organization of M.D.s with law degrees.

"Today's doctor is under constant pressure to advertise himself in the newspapers through what I call 'testimonial by research,' " Dr.

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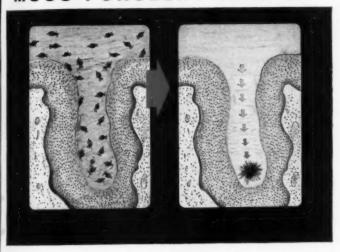
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PENETRATES THROUGH THE MUCO-PURULENT BARRIER



seeks out...exposes...then destroys the trichomonad

The success of leukorrhea therapy depends upon bringing effective trichomonacidal medication into contact with the exudate-protected pathogens.

Lycinate, through extremely effective mucolytic action, penetrates, exposes and then destroys these organisms by both chemotherapeutic and lysing actions.

EACH LYCINATE VAGINAL TABLET CONTAINS:

Diiodohydroxyquin . 100 mg. Dioctyl sodium sulfosuccinate 5 mg. Sodium lauryl sulfate 5 mg. Aluminum potassium sulfate. 14 mg. Lactose 380 mg. Dextrose, anhydrous 650 mg.

DOSAGE: 2 vaginal tablets inserted simultaneously once daily. SUPPLIED: Boxes of 50 with applicator.

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Friedman told the board recently. "The pressures come from health agencies, hospitals, medical schools, and pharmaceutical companies, all wanting to benefit from the publicity.

"The doctor's under pressure to publish his preliminary scientific reports based on sketchy research. But no matter how well conducted or scientifically correct such research is, reports of this kind are not yet news.

"Often you'll discover that the findings are based on as few as eight cases—sometimes only three. This is testimonial by research for the benefit of the sponsoring body, not the public.

"What's more, the medical profession itself is adding to the pressure. Medical societies say: 'We must recognize the right of the public to have the news and we must help them get it.'"

And what solutions does Dr. Friedman offer? He proposes two:

- Doctors shouldn't make public their preliminary research findings unless they contain "genuine medical contributions."
- 2. "There should be a merger of all voluntary nonprofit health a-

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Physiologic protein/electrolyte patter creates low, physiologic renal solu load...lessens danger of dehydration during stress.

Easy for mothers . . . just add water

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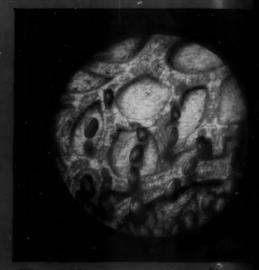
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in epistaxis

this safe, simple therapy
"almost invariably prevented
recurrence of the bleeding."

In epistaxis there "In shways an indication of increased capillary fragility." 2 C.V.P. used in 45 elderly patients with epistaxis evoked a favorable response, with bleeding arrested, often within 36 hours. (Dose: 3 C.V.P. capsules every four hours).?

C.V.P. with vitamin K given to 114 patients with spontaneous, repeated and persistent epistaxis^{1,2} produced "highly gratifying results." The product was termed a "powerful adjuvant to local measures" in epistaxis because of its ability to help restore capillary resistance and to raise prothrombin levels where needed. (Dosage: C.V.P. with vitamin K, two tablets or teaspoonfuls of syrup t.i.d.).¹

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from abnormal fragility and permeability of the same particularly at the ser anterior cartilaginous optum. Highly magnified drawing shows dilated apillaries with rupture of walls and extravasation of red blood cells.



CVP

in.P. is the exclusive allevanoid compound staining the many the water-soluble atom of the whole third citrus bioflavonoid applic. Readily absorbed distillized, C.V.P. le stively free (due to stain processing) of special processing) of special processing in citrus and state comparatively specials found in citrus

- Scal, J. C.: Eya, Ear, Nose & Threet Monthly 35:719, 1955.
- Sokoloff, B., Martin, W. G., and Czelhof, C. C. J. Am. Geriat. Sec. 5:306, 1957.
- Goldman, H. B.: Eye, Ear, Nose & Three Monthly 35:246, 1956.

Samples and literature upon request.

u. s. vitamin a pharmaceutical

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gencies . . . Such a merger would reduce competition among them for publicity and undignified, attention-seeking gimmicks."

When Dr. Friedman had finished, the board asked for comment from Robert D. Potter, editor of New York Medicine, journal of the New York County medical society. Said Editor Potter: "First, to suppress research findings borders on infringement of the freedom of the press to report news. Second, a merger of voluntary health agencies just won't work—at least at the present time. Either way, you're poking into a nest of hornets."

A.M.A. Gives Green Light To Doctors' Pharmacy

"Unethical," cried Atlantic City, N.J., druggists when five physicians bought a pharmacy. But A.M.A.'s Law Department upheld the doctors and noted that the ethical aspect of such an operation is now changed.

"It used to be that the Principles of Medical Ethics called physician ownership of pharmacies unethical," the druggists were informed. "But there is nothing in the principles now under which this can be construed as unethical [if] the best interests of the patient are served."

The A.M.A.'s response came as

no surprise to the five Atlantic City doctors now in the pharmacy business as a sideline. Before they closed the deal, they'd checked the ethics question thoroughly.

The doctors had the approval of the Board of Censors of their county medical society. On the board was former A.M.A. President David B. Allman, who went further than merely approving the doctor-owned pharmacy. "If it's for the benefit of patients," he said, "[they] should be congratulated."

'Workers Use Health Plans to Buy Second-Rate Care'

"Union members have a lot to learn if they are going to make the best use of their health and welfare benefits." That's the conclusion of the Foundation on Employe Health, Medical Care, and Welfare, based on a study of company-financed health plans.

The foundation is a research organization set up by the International Association of Machinists, a labor union, and U.S. Industries, Inc., a manufacturing concern. It started its investigation with several hundred families in New York City. Now it's going to conduct a nation-wide survey to see whether the 89,000,000 men, women, and children covered by all types of employe health plans are smarter about using them than the New Yorkers.

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anorectal comfort in minutes



Anusol

Hemorrhoidal Suppositories and Unguent

Anusol-HC

dependable Anusol Suppositories with hydrocortisone

provide full symptomatic control in hemorrhoids, proctitis, pruritus ani

 Reduce and eliminate all inflammatory symptoms at the outset with new Anusol-HC. Two suppositories daily for 3 to 6 days.

2. Maintain freedom from pain, itching and discomfort with time-proven Anusol. One suppository morning and evening and after each bowel movement. Supplement with Anusol Unguent as required.

Anusol and Anusol-HC contain no narcotic nor analgesic drugs, will not mask symptoms of serious anorectal pathology.



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What the foundation learned in its New York study may come as a surprise to you. Researchers interviewed 829 persons in the families of 286 machinist-union members, selected because they were protected with a wide variety of health plans. Here are the chief findings:

¶ Half the G.P.s who cared for the families lacked privileges at accredited hospitals—"a factor which, in some instances, undoubtedly makes the practice of modern medicine difficult," observes the foundation.

¶ One-quarter of the doctors described as specialists by the interviewed families weren't professionally recognized as specialists. In fact, 10 per cent of them didn't have staff appointments at an accredited hospital and some weren't even licensed physicians. The foundation feels this shows a "failure to appreciate levels of professional medical competence."

¶ About 40 per cent of the union members said they thought their families were getting "the best care that modern medicine provides." Yet it was found that one-quarter of the physicians giving "the best care" didn't have access to an accredited hospital. And one family in four used the services of non-accredited hospitals.

So much for the quality of the medical care. Next the foundation asked: What are the chief medical expenses that the unionists' insurance doesn't—and perhaps ought to—cover? The survey came up with two tentative answers:

1. Physicians' fees were responsible for about 70 per cent of the out-of-pocket cost of hospitalization—"indicating a need for better insurance coverage for doctors' fees," suggests the foundation. (But there may be some disagreement with this conclusion, on grounds that the dollar amounts weren't very high: The average hospital bill per family came to \$51 a year; average charges for in-hospital physician care were another \$38. Health plans covered all but \$7 of the hospital charges; all but \$18 of the in-hospital doctors' bills.)

, 2. The cost of drugs added up to 40 per cent of what the average family spent out of its own pocket for general medical care. Again the foundation implied a need for broader health plan coverage. (But again there could be room for argument, because the foundation also reported: "One-third of the money spent for drugs was for medicines and vitamins that...no doctor had recommended.")

This study of company-financed health plans was made under the direction of Dr. Ray E. Trussell, associate dean of the Columbia ME

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the instant cooling relief of

METI-DERM Aerosol

"Meti" steroid topical

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METI-DERM with Neomycin Aerosol

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METI-DERM Aerosol: Each spray dispenser contains 50 mg. prednisolone. A 3-second spray delivers approximately 0.5 mg., an amount sufficient to cover an area about the size of the hand.

METI-DERM with Neomycin Aerosol: Each spray dispenser contains 50 mg. prednisolone and neomycin sulfate 50 mg. A 3-second spray delivers approximately 0.5 mg. of prednisolone and 0.5 mg. of neomycin sulfate.

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METI-DERM Aerosol and METI-DERM with Neomycin Aerosol, 150 Gm. spray containers.

also available

METI-DERM Cream 0.5%
METI-DERM Ointment 0.5% with Neomycin

METI-DERM, ® brand of prednisolone topical. Meti, ® brand of corticosteroids.

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University Faculty of Medicine. He's also directing the national study. The findings are expected to be an important factor in shaping future health care plans.

A.C.S. Bans 'Prorating' of Insured Patients' Fees

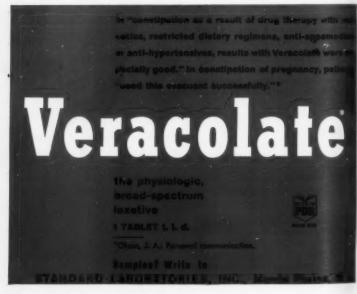
"We've tried to ease this problem by temporarily relaxing our ethical standards. But this only made it worse. Now it's up to you people to solve it the ethical way."

That, in essence, is what the American College of Surgeons has

told Blue Shield and other insurance plans. The problem it wants solved is the allocation of insured patients' surgical fees between operator and assistant.

Most insurance plans pay only the operator for surgery. So if the family doctor assists, the surgeon must pay him out of his own fee. Technically, that's fee splitting. Yet in many areas there's been no other way the assistant at such operations can get paid.

The A.C.S. acknowledged this back in 1955, when it reluctantly approved prorating of surgeons' and assistants' fees in such cases "until better methods [of payment]



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NEO-HYDELTRASOL

(prednisolone 21-phosphate with neomycin sulfate)

2000 times more soluble than prednisolone

- free of any particulate matter capable of injuring ocular tissues.
- uniformly higher effective levels of prednisolone.

SWPPLIED: Sterile Ophthalmic Solution NEO-HYDELTRASOL 0.5% (with neomycin sulfate) and Sterile Ophthalmic Solution HY-DELTRASOL 0.5%. In 5 cc. and 2.5 cc. dropper vials. Also available at Ophthalmic Ointment NEO-HYDELTRASOL 0.25% (with neomens sulfate) and Ophthalmic Ointment HYDELTRASOL 0.25%. 133 Gm. tubes.

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are developed." Now the A.C.S. has withdrawn its temporary approval of this arrangement. And its statement makes no bones about why:

"Proration of insurance payments is encouraging both bad surgery and unethical practices. The privileges of assisting at the operation... and of supervising the postoperative care are both becoming inducements in the selection of surgeons."

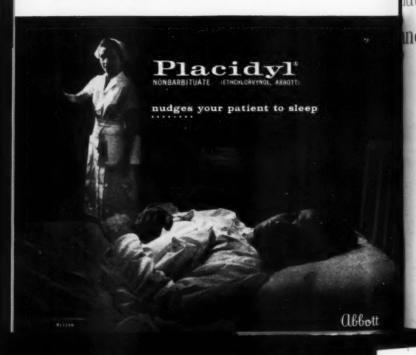
The only ethical solution, says the A.C.S., is for Blue Shield and other carriers to set up separate fee schedules for assistants, "no fee being a deduction or proration of any other fee." It suggests the carriers do this in one of two ways:

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1. Raise their total benefits for each surgical procedure to include a separate fee for an assistant; or

Keep the total benefits the same but pay the surgeon less, and make the difference the assistant's fee.

"The American College of Surgeons approves either alternative," continues the statement. "It is not interested in how much the insurance plan pays the surgeon—only in how it is paid."



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alling for one tablet a day will arry her through term to the ix-week postpartum checkup. This means you are assured of a utritionally perfect pregnancy, and she realizes major savings.





* And when baby comes, specify Engran baby drops—full vitamin support in half the colume of most similar preparations—lasts twice as long. Supplied in 15 cc. and 50 cc. bottles. Convenient 'Flexidose' Dropper assures accurate dosage.

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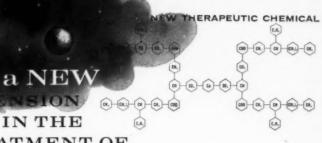
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TREATMENT OF CONSTIPATION

The Surfactant Laxative

"deal" laxative therapy has now been made possible by the application of a new principle based on the double surfactancy of the new therapeutic chemical, alcium bis-(dioctyl sulfosuccinate).

Doxidan provides positive, reliable laxative action with:

- Greatly reduced laxative dosage and optimal surfactancy.
- The least possible disturbance of normal body physiology.
- Freedom from the discomfort of bowel distention.
- Freedom from "oily leakage" and interference with vitamin absorption.
- · Freedom from pain and "cramping."
- · Greatly reduced risk of laxative habituation.

No longer is a "cathartic flush" needed to expel a hardened resistant fecal mass. Instead, once calcium bis-(dioctyl sulfosuccinate) has rendered the mass malbable and mobile, a gentle peristaltic stimulant is all that is needed to correct ages. bowel dysfunction.

Doxidan is a true synergistic combination of calcium bis-(dioctyl sulfosuccinate), the new surfactant fecal softener, and Danthron, a mild peristaltic stimulant which acts solely in the lower bowel.

This new dimension in treatment (Doxidan therapy) results in soft, 'normal" stools gently stimulated to evacuation.

ormula: Each maroon soft gelatin capsule contains 50 mg. Danthron (1,8-dihydroxyanthraquinone) and 60 mg. calcium bis-(dioctyl sulfosuccinate).

1080ge: For adults and children over 12, one or two capsules. For children, age 6 to 12, e capsule. Give at bedtime for 2 or 3 days or until bowel movements are normal.

supplied: Bottles of 30 and 100 soft gelatin capsules.

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Heinz "basic" menu for babies



2/3 can of any of the six Heinz Baby Juices

and 24-32 ounces of milk -the average consumed at this age

High Meat

Dinner

The menu at the left contains the recommended* daily dietary allowances for protein, minerals, vitamins and fats for an infant from four to 12 months in age.

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- Of course, we do not advocate serving baby the same diet day after day. This "basic" keystone menu merely demonstrates how the in clusion of these varieties helps in sure against undernutrition. The mother is then allowed a wide choice of other delicious varieties to complete the caloric requirement.
- · You can suggest Heinz Baby Foods with confidence. There are over 100 kinds-unsurpassed in color, texture, flavor.

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reduces fear of attacks reduces severity of attacks reduces frequency of attacks reduces dependence on nitroglycerin increases workload tolerance

Supplied: Tablets, vials of 50. Each tablet contains 200 mg. of meprobamate and 10 mg. of pentaerythritol tetranitrate.

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Meprobamate and Pentaerythritol Tetranitrate, Wyeth



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fingers and toes feel like ice

:improves peripheral circulatory insu ficiency: produces immediate reassuri warmth: relieves pain and muscle spass helps correct metabolic impairment:

Vastran relaxes constricted peripheral blood vessels, thus promptly warming cold extremities, relieving pain and helping to prevent skin ulcers. Vastran also provides essentia cofactors to help correct metabolic impairment secondary to ischemia. Indicated in peripheral vascular disease including thromboangiitis, chronic chilblains, and Raynaudi disease. Also indicated in control of migraine and vertigo; and as adjunctive therapy i musculoskeletal inflammation and spasm.

Each vastran® tablet contains: nicotinic acid, 50 mg.; ascorbic acid, 100 mg.; riboflavin, 5 mg.; thism mononitrate, 10 mg.; pyridoxine hydrochloride, 1 mg.; cobalamin (vitamin B₁₀ activity), 2 mc/g; cakin pantothenate, 5 mg. Usual Dosage: vastran8: 1 tablet q.i.d., before meals. For initial therapy in a and severe conditions! Vastran AMP Solution, more than injectable Vastran | Rapid vasodilation or plemented by adenosine monophosphate to help restore normal muscle function by increasing bechemical energy stores. Each cc. contains adenosine 5-monophosphate, 25 mg.; Nicotinic Acid, 20 m Vitamin B₁₀, 75 mcg.

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"Serpasil"
has two special
advantages
in hypertension,"
say physicians in
Syracuse

In Syracuse, as all over the world, physicians turn to Serpasil when its two special effects are needed for better management of hypertension:

1. The Central Effect: Serpasil calms patients who are frankly anxious or tense as well as hypertensive.

2. The Bradycrotic Effect: The heart-slowing effect of Serpasil relieves the tachycardia that so often accompanies high blood pressure.

These facts about Serpasil were found in reports from 450 physicians in the U.S. (part of a world-wide survey*): 74 per cent of hyper-anxious hypertensives treated with Serpasil showed excellent or good over-all response; 80 per cent of patients with tachycardia showed excellent or good response.

When marked anxiety-tension or tachycardia are part of the hypertensive picture, Serpasil can help your patient in more ways than one.

BOSAGE: Average initial daily dose, 0.5 mg. with a range of 0.1 to 1 mg. Reduce in one week to 0.25 mg. or less daily for maintenance.

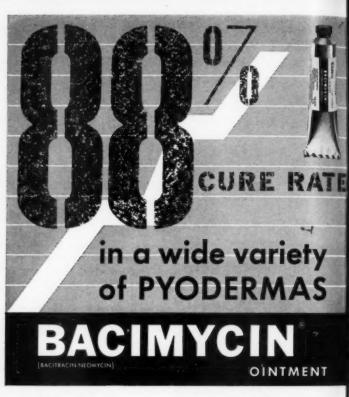
SUPPLIED: Tablets, 0.1 mg., 0.25 mg., 1 mg., 2 mg. and 4 mg. Elixirs, 0.2 mg. and 1 mg. per 4-ml. teaspoon. Samples available on request.

*Complete information from this survey will be sent on request.

SERPASIL® (reserpine CIBA)

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a first choice for dual antibiotic therapy

In a recent study¹ of 53 patients with various types of pyodermas, the use of BACIMYCIN Ointment "...resulted in a cure rate of 88%...." Impetigo, infectious eczematoid dermatitis, atopic eczema, secondary infections superimposed on dermatitis venenata, and folliculitis were among the common skin infections that showed marked improvement with BACIMYCIN therapy.

BACIMYCIN rarely produces sensitization or primary irritation.

Supplied in ½ oz. tubes for prescriptions; in 100 gm. jars for hospital use in ¼ oz. tubes for ophthalmic use. Als supplied as BACIMYCIN with Hydrocon sone, ¼ oz. tube with applicator tip.

Literature and samples on request.

 Greenhouse, J. M., and Ryle, W. C.: AJIA Arch. Dermat. & Syph. 69:366 (March) 1954

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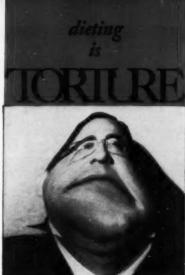


Photo by Weegee

The patient complains: "I feel nervous, irritable, tense, miserable and depressed from my diet. Maybe I should just stay fat because DIETING IS TORTURE!"

for the patient who can't stay on a diet prescribe the diet but add

Obocell TF

Obocell TF (tension formula) contains an antidisturbant, methapyrilene, to help the obese patient endure a strict diet. Methapyrilene is not a barbiturate, does not produce barbiturate side effects. Obocell TF combines this antidisturbant with d-amphetamine phosphate to curb the appetite and provide a "controlled lift" eliminating possible CNS overstimulation. Thus Obocell TF suppresses the appetite and, in addition, controls bulk hunger with Nicel. It can be given in the evening to combat the night-eating syndrome without disturbing sleep.

Each Obocell TF tablet contains:

Methapyrilene, an antidisturbant..... 25 mg. d-amphetamine phosphate (dibasic)... 5 mg. Nicel, non-nutritive, hydrophilic

agent...... 150 mg
For Rx economy prescribe Obocell TF in 100's.

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IRWIN, NEISLER & CO.

Decatur, Illinois

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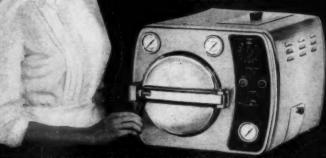
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PEL-CLAVE

MODEL GN



All the splendid features of the popular, doublejacketed FL-2 and HP-2 autoclaves PLUS:

- + SINGLE KNOB CONTROL.
- + AUTOMATIC TIMER.
- + SAFETY DOOR, CANNOT BE OPENED UNDER PRESSURE.
- + THERMOMETER IN DISCHARGE LINE.
- + LARGE (7 X 14) CHAMBER.
- + STAINLESS STEEL CONSTRUCTION.

To sterilize, simply turn control knob to STER, set timer for length of cycle. When exhaust light indicates conclusion of the cycle, turn control knob to EXHAUST, unload the chamber. Complete operation is simplicity in the highest degree.

SEE THIS NEW MODEL AT YOUR DEALER ... OR WRITE DIRECTLY TO:



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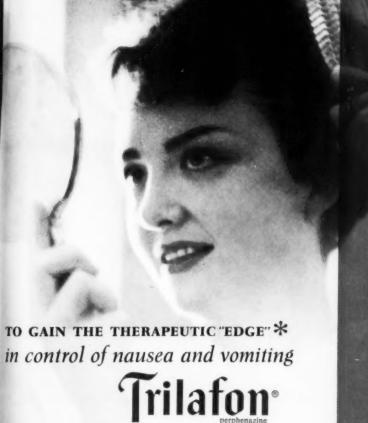
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CHARLOTTE 3, NORTH CAROLINA

72 MEDICAL ECONOMICS . MARCH 16, 1959

TO

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perphenazine
REPETABS AND INJECTION

- * leads all phenothiazines in effective antinauseant action
- * frees patients from daytime drowsiness
- * avoids significant hypotension
- * proved and published effectiveness in the largest variety of emesis

in the widest variety of nausea and vomiting problems

CONTINUOUSLY PROTECTIVE

Trilafon Repetabs

one REPETAB (8 mg.) Stat. and repeat in 12 hours

if oral therapy is impracticable

PROMPTLY EFFECTIVE

Trilafon Injection

- relief usually in 10 minutes¹
- nausea and vomiting controlled in up to 97% of patients²
- · no injection pain or significant hypotension

Simplified dosage: 5 mg. (1 cc.) I. M., repeated in 6 hours, if necessary, or followed by oral dosage (8 to 16 mg. daily) for continued control and calming effect. Refer to Schering literature for detailed information.

- (1) Ernst, E. M., and Snyder, A. M.: Pennsylvania M. J. 61:355, 1958.
- (2) Preisig, R., and Landman, M. E.: Am. Pract. & Digest Treat. 9:740, 1958.

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SCHERING CORPORATION . BLOOMFIELD, NEW JERSEY

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, MAR. 16, 1959



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The latest from Melvin Belli:

A WAY TO STOP MOST MALPRACTICE SUITS

EDITOR'S NOTE: As few physicians are unaware, Melvin M. Belli is the California attorney who has sued more doctors for malpractice, and has won higher damages, than any other U. S. lawyer. Yet in the following interview, Mr. Belli says he's now firmly (if still a bit critically) on the side of the doctors. To prove it, he proposes a plan for easing the malpractice danger. The interviewer is MEDICAL ECONOMICS' Claron Oakley.

Q. Mr. Belli, you're undoubtedly this country's best-known malpractice lawyer. But I've heard that you've recently been advocating a plan that might considerably reduce the number of malpractice lawsuits. Is that true?

A. Yes, it is.

Q. May I ask why you're being so altruistic? After all, such suits must make up a good part of your practice.

A. They don't constitute a major part of my practice. And I'm not being entirely altruistic. The malpractice situation has become so bad—especially in California—that something must be done about it. The courts are actually breaking down where malpractice law is concerned. Many jurors just won't sit on a malpractice case; many who do sit carry deep prejudices against doctors. They feel that: (1) All doctors

nd

18.

are no damned good; (2) all doctors protect one another; (3) doctors' fees are so outrageous physicians should pay through the nose for their mistakes. So every malpractice case that goes to a jury is emotionally loaded against the defendant.

Q. Would it help if malpractice cases were tried only by judges without juries?

A. Do you know something? The biggest sums today are being awarded by judges, not juries. The judges are so fed up with lying doctors that they've finally got up on their hind legs and are bringing in adequate awards without benefit of juries. One of the biggest malpractice cases I ever had was one where a woman paralyzed by a childbirth caudal sued the Federal Government. There was no jury, and the judge



returned an award of \$220,000. A. Not

Of course, judges may be lally spe more emotional than juries. But berely it seems unlikely. With just a judge, we present cases coldly, factually, with a minimum of his-Modern S trionics. And that's the way we're also doing it with juries now. The other day I used nothing more than a blackboard. Even so, my plaintiff was awarded \$215,000.

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What Is 'Liability'?

Q. Is the legal concept of lors are what constitutes liability change should so ing? Or are judges simply applying old interpretations more harshly?

A. Both. The trend in "products liability" law is toward absolute liability. In other words, under rulings in recent cases, if a person suffers injury as a result of using some consumer product -nail polish, hair dye, canned peas, polio vaccine, what have you-the vendor is liable if you can just prove the product caused the injury. You don't have to prove negligence. And it's a very short step from applying this concept with products to applying it with such consumer services as medical or hospital care.

Q. That sounds frightening. Do you support the trend?

0,000. A. Not completely, but genay be ally speaking, yes. But I'm s. But erely emphasizing that the ust a parts are breaking down where oldly, appractice cases are concerned. of hisodern solutions to some cases we're hav no longer be achieved with-. The n the framework of trial by more ludge or jury. When judges, lawo, my lers, and the general public feel ,000. oward doctors as they now do, ou get an ominous situation, conomically and legally. Docot of lors are screaming. And they lang- should scream, because it's going oply to get worse awfully fast unless nore something's done about it.

The situation is potentially a hreat not only to doctors. It also ab- threatens the men in my profesords, sion-though that's not why I s, if now believe something must be esult done. If men in my own profesduct sion do things they shouldn't, I certainly don't want them illegalv "protected."

> Q. What's your solution to the problem?

A. Well, I have a very simple aggestion to offer. To begin with, I recommend the formation in each community of working doctor-lawyer committees drawn from local medical and bar associations. Plaintiffs' attorneys would first present their cases in

private to the committee. If the committee decided there'd been no malpractice, the plaintiff's attorney still could file a suit-but he'd be greatly deterred from doing so.

Q. That sounds like the Arizona plan described in the Dec. 22 issue of MEDICAL ECONOMICS.

A. My plan goes much further than any of the other doctorlawyer plans here and there around the country. Most of them are completely ineffective. They're just paper organizations that accomplish nothing. But my committee would actually decide the amount to be paid in any settlement. And the big thing about my plan is that there'd be a fund available to pay awards from.

O. How could such a fund be built up?

New Kind of Insurance

A. This way: Every doctor bill and every hospital bill would have a small insurance premium tacked onto it-say, a penny for each dollar; and the doctor or the hospital would pay a similar premium. From this money a fund would be established. And if a patient were to suffer an "untoward result," [More on 246]

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If You're Looking faX-F

Municipal bonds build bridges. They can also build your estate. This banker tells what to expect from four major types of municipals

By Luke S. Hayden

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last November's elections, noters across the nation apnoved more than a hundred nojects for building schools, nidges, roads, etc. Total cost: bout two billion dollars.

Almost all those dollars will traised by the sale of bonds—tonds you can buy if you're interested. Should you be interested? Many investment advisers think so, and I agree. Today's so-called "municipal" bonds may be an extremely good buy, specially for the high-income doctor.

way. It applies not only to the obligations of cities but also to those of states, counties, water and school districts, and harbor and turnpike authorities. But all are tax-exempt. That's why investment men use the words "municipals" and "tax-exempts" interchangeably.

What's behind the rise in the bonds' interest rates? Probably the most important factor: supply and demand. In the last year, states and communities have issued bonds to finance a record number of public projects. At the

AX-FREE INCOME

Such bonds are now yielding the sweetest interest rates in more than a quarter of a century; and the higher your tax bracket, the sweeter the return. Reason: The interest isn't taxable. Add to this the bonds' safety record—for some such issues it's second only to that of U. S. Government obligations—and you can see why some investment men are enthusiastic over municipals.

The term "municipals" is something of a misnomer, by the

same time, many investors have been shying away from bonds because of worry about inflation. So interest rates have been forced to record highs. "Astounding is the word for it," one broker comments.

Right now, you can buy topquality municipal bonds that yield between 3 and 4 per cent, sometimes even more. By itself, such a rate may not seem astounding. But when you add in the tax-exemption feature, the

MI AUTHOR is vice president and secretary of the Syracuse (N. Y.) Savings Bank.

picture changes. Assuming you're married and file a joint return, here's what you'd need to earn on any taxable investment to equal a 3½ per cent yield from a municipal bond:

manufacture and a comment	
\$10,000 taxable income	
level4.7%	
\$15,000 taxable income	
level5.0	
\$20,000 taxable income	
level5.7	
\$50,000 taxable income	
level8.5	

The above interest rates, remember, are what you need to earn before taxes to match a 3½ per cent return from a tax-free bond.

Of course, bonds paying 3½ per cent or higher are a fairly recent development. Just two years ago, the usual rate was more like 2½ per cent. But another factor may still make old bonds attractive. That's the discounted price.

Many of the \$1,000 bonds issued only a few years ago are selling for \$800 to \$900. If they pay 2½ per cent interest, that's 2½ per cent of \$1,000—not of the price paid for the bond. So the return on actual investment is higher than it looks.

The discounted price on older

bonds also opens the door to an other opportunity: capital gains If you buy a \$1,000 bond to \$800 and the bond market late recovers, you can sell it and chalk up a gain.

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Even if there isn't any sudder lift in the market, you're sure a make a profit if you hang on a the bond until it matures. The you'll be paid the full face value—\$1,000—giving you a guarateed \$200 capital gain.

Such capital gains aren't tau free. But if you've held the bond more than six months, your gain will be subject only to the low long-term capital gains tax rate (25 per cent top). If, however, you want your return to be wholly tax-exempt, buy only those municipal bonds selling a or above the \$1,000 par value.

So much for the profit angle on bonds. Just how safe are the different municipals? As with any bond, the answer depends on what stands behind the promise to pay. The four major types of municipals—general obligation bonds, limited tax bonds, revenue bonds, and housing authority bonds—offer different kinds of security. Here's what you should know about them:

1. General obligation bonds

are backed by the full faith and credit of a state or town.

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ond fo The issuing authority pledges ket late to pay off the interest and principal on such bonds if it takes every penny collected in taxes.

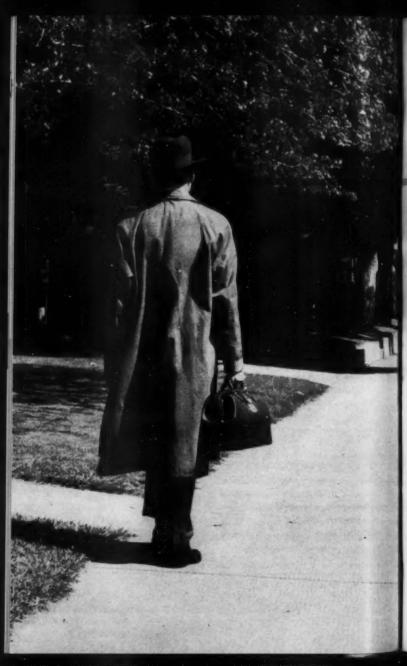
In effect, then, the bonds are a first mortgage on every plot of real estate in the community.

Even during the depths of the last great depression, fewer than 2 per cent of [More on 260]

Municipal Bonds for Safe Income: One Broker's Rx

How would you select a portfolio of municipal bonds, balanced for high yield and maximum safety? Here are ten good bets, as selected by one brokerage firm-Merrill Lynch, Pierce, Fenner & Smith:

,	Recent Price	Yield at Recent Price
Boston, general obligations,		
33/4%, due 1977	.\$102.04.	3.60%
California, general obligation veteral	n	
bonds, 31/4%, due 1983	. 95.12	3.55
Chicago, limited tax bonds,		
31/8%, due 1975	. 94.19	3.60
Connecticut Expressway, general		
obligations, 31/4%, due 1995	. 97.91	3.35
Denver, general obligation		
water bonds, 31/2%, due 1995	. 98.97	3.55
Los Angeles, general obligations,		
33/4%, due 1988	. 101.80	3.65
Marietta, Ohio, housing authority		
bonds, 21/2%, due 1975	89.94	3.25
New Orleans, general obligation		
school bonds, 3% %, due 1988	100.44	3.85
Philadelphia, general obligations,		
3%, due 1979	92.66	3.50
Puerto Rico, general obligations,		
4%, due 1976	101.27	3.90



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Your Practice

Ten Years From Now

Here's what you can expect in the way of earnings, expenses, patient-load, office help, health plan payments, and income taxes in 1969

By Ralph J. Seymour

If you've been in practice at least ten years, you're well aware that the past decade has brought some spectacular changes in medical economics. The revolutionary spread of medical insurance and the substantial rise in doctors' earnings are two cases in point.

But what are the next ten years going to be like? What's ahead for the average practitioner in the way of patient-loads, expenses, income, and income taxes?

The charts, tables, and text on the following pages attempt to provide some answers. The picture comes from no crystal ball. Rather, it's a logical extension of current trends. Each estimate attempts to project such trends in the light of changes that can be foreseen in the national economy, in consumer expenditures, and in the preferences of the

THE AUTHOR is an economist in Washington, D.C. In behalf of a large number of industrial clients, he specializes in the projection of business and financial trends. This article is copyrighted © 1959 by Medical Economics, Inc. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.



public and the medical profession itself.

The forecasts have to be read with one important reservation in mind: Even if all the assumptions noted come true, the figures represent only potential growth or income. They show what medical practice could be like, on the average. That's not necessarily what it will be like for you.

Note, too, that all figures are expressed in today's dollars. This makes for clear comparison of the changes that are coming. It doesn't mean, though, that there won't be more inflation. Indeed, by 1969, today's dollar figures may be inflated by as much as 20 per cent more.

A quick scanning of what follows suggests one broad conclusion: The changes of the next ten years will be less radical than those of the era just ended. For the most part, the Nineteen Six-

ties will see the completion of the economic revolution begun in the past postwar period. There'll be nothing as new as hospitalization and other health insurance was in the late Forties.

On the other hand, some of the trends already established will extend themselves surprisingly far. The ascendancy of partnership practice will be one result. Others will be the spectacular spread of major medical insurance and a further big jump in medical earnings.

The amount of growth being forecast may seem high. But the country's potential for growth cannot easily be overestimated. Look at the nation's history since the turn of the century, and you'll see that earlier economic projections—considered high in their day—have generally turned out to be conservative. So it may well be with the forecasts that follow.

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MORE POPULATION PER DOCTOR

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Any forecast of medical practice ten years hence should properly begin with the practice itself—that is, with the number of patients. By 1969, there'll be a whopping gain of 32,000,000, or 18 per cent, over the total we'll have this spring. Meanwhile, the number of physicians in the U. S. will grow by 16 per cent—not quite as much as the population as a whole will grow.

The nation's medical colleges will graduate 7,100 new M.D.s in 1959. With new schools being set up, the number will reach 7,400 by 1969. This implies a ten-year total of 73,000.

In addition, an estimated 750 graduates of foreign schools will start practicing in the U. S. each year. So the ten-year increase in the number of physicians will top 80,000.

On the other hand, the list will be reduced by some 4,200 names this year because of death. A decade from now, the annual loss will be 4,500, for a ten-year total of 43,000.

Net, then, the country will have 37,500 additional M.D.s by 1969—close to 270,000 in all. New sources of doctors could change this, but they're not in prospect now.

More

t's axiomatic that where people go, doctors are apt to follow. And this will certainly hold true during the next decade.

Biggest growth will come in the areas of resort-type living, where mild climate and economic opportunity are the big lures. As a result, the Pacific states will end up with 33 per cent more M.D.s a decade hence. California alone will see a gain of 38 per cent.

Almost as many more doctors will choose the South Atlantic states—Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, and Florida. The area is rapidly going industrial, thus attracting population—and M.D.s.

By contrast, New England may actually lose a few hundred of its medical men. The West North Central region—Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas—will gain very few.

YOUR PRACTICE TEN YEARS FROM NOW



WHERE DOCTORS WILL PRACTICE

(in thousands)

	1959	1969
New England	16.2	16.0
Middle Atlantic	54.0	60.6
South Atlantic	27.3	35.6
East North Central	37.1	43.3
West North Central	17.4	17.7
East South Central	10.3	11.5
West South Central	16.6	18.9
Mountain		8.5
Pacific	28.3	37.7

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A proportionately bigger labor force and the creasing productivity brought by automati will boost U. S. per-capita income by 21 per a in the next ten years. The average American be spending about 20 per cent more for goods a services, too. But he won't spend more for all its proportionately.

This year, 5.3 per cent of his spending monwill go for hospitalization, physicians' fees, may

WHAT PEOPLE WILL PRODUCE AND SPI

(in billions)

1959

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Total output of goods and services\$475

Total personal consumption expenditures309.

Personal consumption expenditures for medical services.......16.4...

DICAL OUTLAYS RELATED TO INCOMES

capita income		19 69 \$2,480
capita outlays for dical expenses	92	146
entage of personal		

tes, etc. That will be about \$92 per person. In 69, the ratio will reach 6.2 per cent, or \$146. With more people spending relatively more of larged incomes for medical services, total outs for this purpose will be way up. From a total \$16,400,000,000 this year, such expenditures Ilsoar to \$30,800,000,000 in 1969. That's a gain 88 per cent. And remember, inflation could make adollar total even larger.

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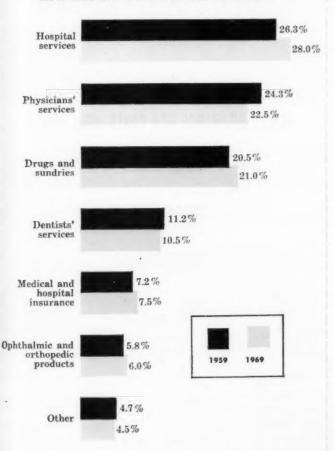
YOUR PRACTICE TEN YEARS FROM NOW

he huge sum—\$30,800,000,000—to be spent for medical purposes in 1969 will be divided up quite differently from this year's medical dollar. Hospital services will still get the lion's share. The further spread of insurance will make it economically feasible for a large proportion of Americans to enjoy hospital treatment whenever physicians deem it necessary. As a result, hospitalization in 1969 will account for a whopping \$8,600,000,000.

But physicians' services will hold up well in the face of this emphasis on hospitalization. They'll draw a slightly smaller percentage share of total medical outlays, but in dollars it'll amount to \$7,000,000,000.

Outlays for medicines and appliances together will rise to about \$8,300,000,000 a decade hence. The *proportions* of consumer spending for these items will shift as shown at right.

HOW MEDICAL OUTLAYS WILL BE DIVIDED



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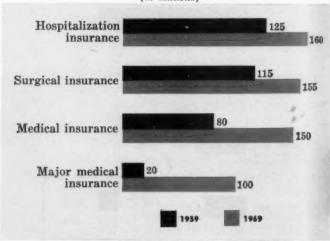
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HEALTH INSURANCE WILL COVER MORE PEOPLE

(in millions)



y 1969, the revolution in me-dicine wrought by various types of health insurance will be drawing to its close. Insurance protection will be the rule, rather

than the benefit of the bare majority.

Coverage of physicians' services will show the most substantial gains. About 35 per cent of

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AND PAY THESE PERCENTAGES OF TOTAL COSTS

	1959	1969
Hospitalization	 60%	75%
Physicians' services	35	60

uch costs will be paid for by inurance this year. By 1969, the roportion will be up to 60 per

The percentage of hospitalizaon costs covered by insurance

will be even larger: 75 per cent. But the relative increase won't be so spectacular. At present, an estimated 60 per cent of hospitalization costs are being paid by Blue Cross and similar plans.

DOCTORS WILL TREAT MORE PATIENTS PER DAY

	1959 1969
Patients seen daily	
حبار بمراد الملسل المراجع المسال المراجع	

Deople visit the doctor oftener when they have health insurace and higher incomes. Both onditions will be more prevalent 1969 than they are now.

Even today, about one-third of all self-employed physicians

see thirty or more patients daily. Such physicians usually have two or three aides and gross 20 to 40 per cent more than the average. Within ten years, this may well emerge as the prevailing pattern of practice. More

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YOUR PRACTICE TEN YEARS FROM NOW

THE OUTLOOK FOR DOCTORS' GROSS EARNINGS

\$50,000

he first of these averages stems from MEDICAL ECO-NOMICS' 8th Quadrennial Survey. The second is the same figure expressed in today's dollars. The third figure reflects the average self-employed physician's gross earnings right now. And the fourth is based on this forecast for 1969:

The typical physician will be handling a bigger practice then. It won't consist of very many more names in his active file. Rather, the expansion in practice will reflect an increase in the number of visits per patient and in the extent of treatment.

A second major reason for the rise in gross income will be a rationalization of fee structures. As with all other specialized skills, the doctors' advancing knowledge and productivity will command greater hourly rewards. And the growing role of insur-



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MEDICAL ECONOMICS . MARCH 16, 1959

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The earnings of self-employed hysicians rose 50 per cent be-

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tween 1947 and 1951. They rose 22 per cent between 1951 and 1955. Even if the rate of rise is lower now, an average gross income of about \$50,000 is indicated for 1969.

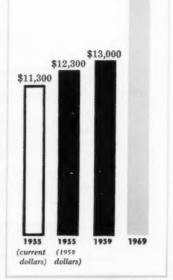
ere, too, we begin with findings from MEDICAL ECONOMics' 8th Quadrennial Survey. Key finding: In virtually every year since World War II, professional expenses have eaten up from 36 to 40 cents of the average dollar collected from patients. Something very close to this ratio seems likely to hold over the next decade.

As the self-employed doctor's gross goes up, so will his expenses. Equipment will be more complex—and more costly. He'll need more office space. And the salaries of his office help may be the biggest factor in his enlarged expense bill.

These days, the typical private practitioner employs one aide. Ten years from now, at least two will be the prevailing pattern; and many M.D.s will employ hree. The paper work alone will equire it in some cases.

HOW PROFESSIONAL EXPENSES WILL RISE

\$18,500



More



1955

(current dollars)

espite the sharp increase in professional expenses, the average doctor's net income before taxes will still rise substantially over the next ten years. The projections below are based once again on MEDICAL ECONOMICS' 8th Quadrennial Survey.

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It should be noted that some doubts have been expressed about the continuation of this trend. Much of the great gain in medical incomes has been at-

faster tributed to tremendous advances agein pharmacology. These have That enabled doctors to cure mon increa people more quickly-and to Ou THE PAY-OFF: **NET EARNINGFOR** \$15,000

1955 (1959 dollars)	\$16,200	\$3,600
1959	\$18,000	3
1969	\$23,000	

carry a bigger patient-load. The fear is that there are fewer comparable breakthroughs ahead.

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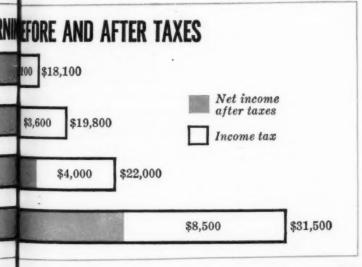
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But M.D.s can hardly fail to share in the nation-wide income surge that's coming. Group practice and greater use of aides will increase physicians' productivity tremendously—more than that of the average factory worker. So doctors' net incomes can logically be expected to rise much faster than the American average—as much as twice as fast. That would mean a 42 per cent increase over the next ten years.

Our estimates of after-tax in-

come have to be pretty broad. Exemptions and deductions vary from doctor to doctor. No one knows what tax rates will be in 1969. But in view of current spending trends, they're not likely to be substantially lower than today's. Applying today's rates to projected earnings for 1969, we get average take-home pay as shown in color below.

All in all, barring war, socialized medicine, and acts of God, the private physician's economic future seems reasonably secure. On the average, that is—and with infinite individual variation.



END



Management Consultanat De

EDITOR'S NOTE: Across the country, a growing number of firms now offer management services for doctors only. They've demonstrated to thousands of clients that a better-managed practice means better-satisfied patients—and a better-paid doctor. If you've wondered about the value, cost, or availability of such management services, this three-part MEDICAL ECONOMICS report will give you the straight facts you need. Herewith Part 2

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tar at Do They Charge? By Wallace Croatman

Here's what you can expect to pay a qualified practice consultant for basic monthly services; when extras will show up on your bill; and why you—and he—am call the deal off any time

Let's assume you have a pretty good idea about the services that management firms offer doctors. What interests you at this point is the price tag. You want to know the answers to some pertinent questions:

Must you sign a contract?

How much should you figure on paying per month?

Are you likely to run into extra charges?

Can you hire a management man on a one-shot basis kthim come in just once to tell you what you're doing wrong?

¶ Under what circumstances, if any, might you expect a reduced rate?

Questions like these are at the core of any physicianonsultant relationship. Yet they've seldom been answered except on an individual basis. To get a truly representative picture, MEDICAL ECONOMICS recently surveyed the country's leading management firms. The information they supplied should help you judge whether management services

95

would be a worth-while investment for your practice. Here are the best available answers to the foregoing questions:

Must you sign a contract?

contracts Formal physicians and management men are almost unheard-of. Nine out of ten consultants say their arrangements with clients are wordof-mouth agreements. Either party can terminate them.

Unbusinesslike? You might

think so-especially for a busi- be ma ness adviser who tells a doctor to put it in writing if the doctor goes into partnership, sells a practice. or builds an office.

But a well-established medical likely t management consultant doesn't sultant need to ask doctors to sign on does as the dotted line. Usually he has its serv all the accounts he can handle: so there's no point in trying to hold on to dissatisfied clients.

Moreover, there don't seem to

What They Read for Your Money

Like the doctors they serve, management men must do a lot of practice-connected reading. And they must do it on time they can't bill you for.

One consultant says: "I'm told top executives in industry spend up to 30 per cent of their working time reading. Well, I figure I spend 40 per cent of my working time that way-and I do it outside my workday."

Here are the main items of business reading that this management man says he gets through every month:

Medical: The J.A.M.A. and three state medical journals ("Anyway, I scan the contents pages"); Group Practice (the journal of the American Association of Medical Clinics); two newsletters with a medical slant (The Doctor and the Law, and The Washington Stethoscope). Plus, of course, MEDICAL ECO-NOMICS.

News and business: U.S. News & World Report (preferred) to other news magazines because "it doesn't have departments on art, the movies, television, and whatnot to distract me";

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busi- be many dissatisfied clients. torto When a doctor hires practicemanagement help, he feels he needs it. If things start improving (and they usually do), he's likely to want to keep the consultant indefinitely. (One firm n on does ask doctors not to accept its services unless they're willing to stick with the arrangement for at least a year. But even this is only a request, not a binding contract.)

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How much must you pay for management services?

The fee is based on the amount of time and effort a management firm must devote to your practice. Part of the fee covers the time he spends in your office—and, of course, getting there and back. Another part of the fee covers work done for you at the firm's home office by the management consultant himself and his associates.



Business Week; Changing Times; Nation's Business; periodic monographs from the American Institute for Economic Research.

Investments: The Wall Street Journal; reports from New York and Boston investment houses.

Office management: The Office ("for news of new gadgets, from computers to curl-less carbon paper"); Credit World.

Public relations: The daily papers; a state medical society's public relations bulletin; the main mass-readership magazines (for the latest about such miscellany as "Doctors Who Pad Their Bills" and "A New Cure for a New Disease").

Taxes: Tax and Estate Planning (a monthly journal); weekly and biweekly additions to Prentice-Hall's eight-volume tax-report service.

Has he read any good books lately? These: "A Handbook of Partnership Taxation"; "Taxation of Life Insurance"; "The Grim Truth About Life Insurance"; "Tax Shelter in Real Estate"; "Saving Income Taxes by Short-Term Trusts."

The minimum charge may amount to about \$50 a month for a solo practitioner, from \$80 to \$100 a month for a two-man partnership. But, remember, these are rates for basic services only. Many firms report that their doctor-clients usually need more than merely basic help. So your consultant may charge you more or less than he'll charge another doctor. Your fee will reflect the amount of help you need.

Let's figure, for example, that the management man will visit your office once a month. (Some come only every few months. But many consultants consider monthly visits a must, except for out-of-town clients where travel time would make this impractical.)

On his monthly visit, the consultant will plan on giving your office anywhere from an hour and a half to a full day, depending on your needs. If a firm estimates it will need to do less for you than for most doctors, it may offer a reduced fee. That can happen if you're a doctor with only minor office problems—an anesthesiologist, say, or a man with a part-time industrial practice.

On the other hand, the man-

agement adviser may have to work particularly hard on your practice (for example, if your aide's bookkeeping is in a bad way). If so, the firm may ask a higher fee.

What about extra charges?

Many firms have a fixed monthly charge (based on their estimate of your needs) for full services. But others charge extra for certain kinds of help. If your practice requires such special services, the consultant will recommend them; and he'll give you a chance to accept or reject them. He'll quote you a price in advance.

How much? Probably between \$100 and \$150 for each additional day he'll have to spend on your affairs.

The rate may seem high. But don't forget that it covers his travel time, an extra slice of his firm's overhead, and the extra hours he spends figuring out solutions to your problems after he leaves your office.

You'll sometimes pay extra, for instance, if you want the professional management firm to take on any one of the following special problems: selling a practice; setting up a partnership agreement; [More on 266] often to de my o they eral i

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THESE FINE POINTS CAN HELP YOU CUT YOUR

'Can I deduct that?' Often the answer is 'Yes, provided . . .' Let this expert show you

By Joseph F. McElligott

When a taxpayer asks "Can I deduct this?" the answer often depends on how he plans to deduct it. Take the questions my clients have been asking as they get ready to file their Federal income tax returns. Most of my answers are "Yes, provided . . ." or "Yes, but . . ."

I'll show you examples of what this can mean to you. Check over the qualifications in the "yes" answers to the questions that follow. If you know how to take advantage of the ifs

and buts, you're set to claim similar deductions on your return.

In making out my schedule of deductions for professional entertainment, I suddenly realized that part of these expenses actually consisted of the Federal entertainment tax I'd paid on various occasions. I've always understood that Federal taxes aren't deductible on the Federal tax return. But it seems to me this might be an exception. Right or wrong?

Right on both counts. In gen-

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THE AUTHOR is a tax and medical management consultant in New York City. He is a member of the Society of Professional Business Consultants.

eral, Federal taxes are not deductible as such. But inasmuch as the tax here was related to business-connected entertainment, it's deductible as part of the cost of the entertainment itself. By the same token, any other Federal tax is also deductible as part of a business expense.

Interest on a Loan

Last year I got a \$10,000 mortgage loan, portions of which I used in different ways: to pay for some new office equipment, for repairs to my home, for my son's college tuition, etc. May I deduct the entire amount of interest on this loan, even though some of the loan went for nonbusiness purposes?

Yes, but you must apportion the interest deduction on your tax return. Thus, if half the loan went for business-connected expenses, deduct half the interest you pay in any one year on your business-expense schedule for that year. Then you can list the remainder of the interest you paid that year along with other itemized personal deductions.

Eviction Costs

Recently I had to evict a tenant in order to get much-needed

space for a new medical office. Now I'm told I can't deduct the legal costs of this action. Aren't all practice-connected legal expenses deductible?

It's true that most professional legal expenses are deductible—but not in the case you mention, under current law. Rather, eviction costs are regarded as capital expenses that increase the cost of your property. In effect, you get a deduction for these expenses in the form of an increased annual depreciation allowance. Thus, if the property is worth \$15,000, and if eviction proceedings cost you \$500, you can base your depreciation on a figure of \$15,500.

Still a Dependent?

Last summer my daughter substituted for my vacationing aide and earned \$650 toward her college expenses. She's filing a return for refund of the taxes I withheld from that amount. She lives at home with us, but since she was 20 at the time, I wonder if I may still claim her as an exemption on my own return.

From the facts you give, it sounds as if you can. You don't lose the exemption for a child who's either under 19 or a full-

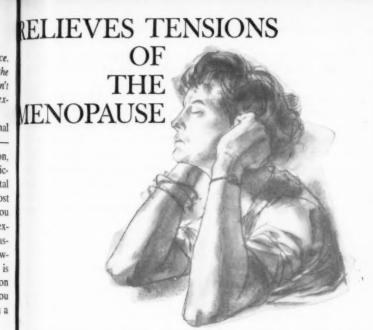
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THESE POINTS CAN HELP YOU CUT TAXES

time student of any age, even though he or she earns over \$600. Remember, too, to deduct your daughter's wages as a business expense.

Practice-Connected Gifts

For years I've sent fairly substantial Christmas gifts to doctors who have referred patients to me. I've always deducted the cost as a business expense. But my C.P.A.-brother-in-law thinks 1 can't legally do so. What's the situation?

It depends. You can legally deduct what you spent on these gifts only if you include in your income the fair market value of practice-connected gifts that you receive. Whether this pays off, of course, depends on whether you've been following the adage that it's more blessed, etc. END

urprise visit

During my externeship at a large city hospital, I was assigned a particularly cranky old asthmatic patient. He did his best to alienate orderlies, nurses, doctors, and me. After deep thought, I decided his querulous hostility was merely a defense against loneliness. A widower with no children or relatives, he'd lived alone for years. However, he did have one old friend he used to "play cards with now and then." But he'd been out of touch with him for a long time.

I resolved to arrange a surprise visit from this old friend. After several phone calls, I finally located him. His daughter answered the phone. I patiently explained to her the therapeutic value there'd be in a visit from her father—now confined by a heart condition to a wheel chair. She was sympathetic and the visit was arranged, though it meant a taxi ride across town.

The morning after the surprise visit, I entered my charge's room with bright expectancy. He greeted me with a stream of invective that made even the orderlies blush. Through me, his friend had arrived yesterday to collect a five-year-old \$10 pinochle debt.

—NORTON KOLOMBYER, M.D.

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- prompt and prolonged relief because of the special "timed release" design
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seks, F. M.: Illinois M. J. 112:259 (Dec.) 1957. Scient, N. D.: E. E. N. T. Monthly 37:460 (July) 54 Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.



The special design of the Triaminic timed-release tablet provides



first-3 to 4 hours of relief from the outer layer

> then—3 to 4 more hours of relief from the core

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Also available as half-dose, timed-release Juvelets and, for those patients who prefer liquid medication, as Triaminic Syrup

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†Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. Fabricant, N. D.: E. E. N. T. Monthly 37:460 (July) 1958. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

6 to 8 hours of relief from a single tablet t.i.d. because of this special timed-release design . . .



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THIS- AR ma MEI articles e ning wit were bas cessful s this arti reyed po at more Most split over age differences, personality conflicts, or money, this survey shows. But some doctors decided to quit because they were rugged individualists

IY HUGH C. SHERWOOD

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There are many reasons why friction may crop up in partnership practice. Disagreements may arise over patient-care, for instance, or fees, or aides. (For further examples, see "What Causes Friction in Partnership Practice?" MEDICAL ECONOMICS, Jan. 5, 1959.) Yet only a few of the causes of friction are apt to be so serious as to make physicians dissolve their partnerships.

What are those few? A recent study by MEDICAL ECONOMICS indicates that the major reasons why some doctors withdraw or are asked to withdraw are these: personality differences, age dif-

personality differences, age dif
IMS-ARTICLE is the last of several based of a MEDICAL ECONOMICS study. The earlier articles appeared in successive issues beginning with the issue of Dec. 22, 1958. They were based on reports from nearly 500 successful small partnerships. The findings in this article stem from a study of 119 sureyed partnerships that have either lost one of more men or are no longer in existence.

Why 119 **Partnerships** Broke

ferences, and financial differences. So let's examine these three, then glance briefly at a few other reasons that are less frequently cited.

Just Not the Type

Personality differences: Now and then, a physician says his expartner was jealous or disloyal. But generally, the physicians who broke up because of personality conflicts don't cite particular traits that made them glad they left or glad their partners left. Apparently the doctors just didn't hit it off. As a Connecticut pediatrician puts it:

"We had different personal outlooks, as well as different attitudes toward finances and several other things."

Whatever the nature of the expartners' personal differences, the survey indicates such differences constitute the biggest single reason for partnership breakups. As a California OB/Gyn. man sees it, that's proof of the oft-emphasized need for trial periods. Says he: "It's imperative that hopeful, optimistic potential partners have a year's trial run before they form their partnerships."

The fact is, both the California

doctor and several other surveyed physicians learned during their trial runs that they didn't get along with their partners-tobe. So they broke up at the end of the trial periods before more harm could be done.

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Age differences: Don't be misled into thinking that partners must be within three or four years of one another to be successful. In nearly half the 500 successful partnerships that were surveyed, one partner is at least ten years older than the other or others.

None the less, a marked difference in ages can cause so much friction as to bring about the downfall of a partnership. Says a 36-year-old West Coast surgeon whose ex-partner was 60:

"A junior-senior partnership can't be 50-50 even if the junior partner owns 50 per cent of its capital assets and gets 50 per cent of its net income. Why not? Because of the age difference. And because the junior partner is usually under too much obligation to the senior man."

Observes a 34-year-old California G.P. whose ex-partner was 54: "The older, established G.P.s are like corporations. They want everything arranged in faISAPPOINTED with skeletal muscle

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Nilevar is supplied in tablets of 10 mg., ampuls of 25 mg. (1 cc.) and Nilevar Drops of 0.25 mg. per drop.

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WHY 119 PARTNERSHIPS BROKE UP

vor of The Practice, Inc., which really means they want everything arranged in their favor. Equitable and lasting partnerships seem to be attained only when the partners are of the same age and experience, or nearly so. In my case, I became humiliated and tired during our year's trial period because I had to do all the footwork."

Adds a North Carolina G.P. who is planning to dissolve his partnership with a man nearly twenty years his senior: "My partner is very conservative. He doesn't want to invest in ade-

quate help. Nor does he have any enthusiasm for building up the practice. I'd like to see us do EKGs, install a BMR unit, and do minimal lab work. But he's not interested."

Naturally, it isn't always the younger doctor who's unhappy. Here's why a 53-year-old Florida internist dropped an associate after an eleven-month trial period:

He Was Too Detached

"There was a marked difference in our ages, and there was a personality clash. But the main

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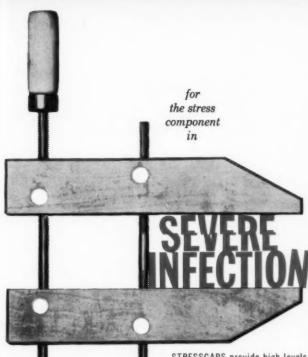
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- 2. Pollack, H. and Halpern, S. L.: Therapeutic Nutrition, National Research Council, Washington, D. C., 1952.

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WHY 119 PARTNERSHIPS BROKE UP

problems were these: The younger man didn't know the growing pains of building up a practice. He came in and immediately wanted the cream of the patients, leaving the residue to me. What's more, he'd worked in a city institute for four years. So he treated the patients as case histories rather than as personal patients."

What conclusion should be drawn from these experiences in the light of the other survey findings? Probably this: A difference in age isn't necessarily a barrier to success in partnership practice. But even more than other would-be partners, an older doctor and a young associate need a

trial period lasting a year or so.

Financial differences: Sometimes conflicts over income division occur early in the game. A Michigan G.P., for example, took on an associate who was seven years his junior and paid him 40 per cent of the partnership's net during a six-month trial period. When it came time to put the partnership on a formal footing, the younger doctor indicated he wanted more money. "But," says the older man, "he seemed unable to work enough to earn more. So we split up."

More often, financial differences arise after a partnership has been on its feet awhile. For



"I think you've hurt Dr. Blair's feelings."

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example, an Arizona physician who was the middle man in a three-man partnership found himself caught between "an older, poorly trained commercialist who wanted the biggest share and a young man without experience who wanted to start at the top and push the older doctor and myself aside." The partnership was no healthier than it sounds. It no longer exists.

A Western G.P. joined an older man and was paid 40 per cent of the gross he earned. At the end of a year, he asked for a higher percentage and a more permanent arrangement. "I got no increase," he says, "but instead vague, grandiose promises that never materialized. Each time I pressed the matter, I was put off with more promises."

Better Off Alone

After nearly five years, the younger man left for solo practice. Since then, he says, his practice and his income have gone up about 40 per cent.

A partnership like the one just mentioned might have been saved had the older man been willing to make a clear-cut agree-

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Whether vaginitis is caused by Trichomonas, Monilia or Hemophilus vaginalis-alone or combined-TRICOFURON IMPROVED swiftly relieves symptoms and malodor, and achieves a truly high percentage of cultural cures, frequently in 1 menstrual cycle. TRICOFURON IMPROVED provides: a new specific moniliacide MICOFUR® brand of nifuroxime, the established specific trichomonacide FUROXONE® brand of furazolidone and the combined actions of both against Hemophilus vaginalis.

1. Office insufflation once weekly of the Powder (MICOFUR [anti-5-nitro-2-furaldoxime | 0.5% and FUROXONE 0.1% in an acidic water-soluble powder base). 2. Continued home use twice daily, with the Suppositories (MICOFUR 0.375% and FUROXONE 0.25% in a water-miscible base).

NITROFURANS -a new class of antimicrobials-neither antibiotics nor sulfonamides. 0, m



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MEDICAL ECONOMICS · MARCH 16, 1959 121

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ment on dividing income. But don't look on advance agreements as magic. Some successful physician-partners report that such agreements sometimes need to be changed to fit unforeseen circumstances.

In their cases, the changes were effected smoothly. But not all partnerships can survive proposed changes. Thus, an Illinois physician suffered a heart attack that made him slow his pace. He and his partner couldn't agree on a new income split. As a result, he left, and the partner took on another doctor.

Wives, Aides, Patients

There you have the major reasons the survey uncovered to account for partnership break-ups. Feuding wives, sometimes a source of considerable partnership friction, contributed to the downfall of only a few partnerships. And once the partners had got through a trial stage, very few broke up for lack of a written agreement-perhaps because so many do have such agreements. Other sources of friction, like differences over aides or treatment of patients, contributed only occasionally to the demise of partnerships.

Lest you get the impression that partnerships break up only after sharp-edged conflict, here's evidence such is not the case:

¶ Some men left their partnerships because they didn't want to work so hard. Thus, a Nebraska radiologist quit because he didn't want to work more than fortyfour hours weekly. (His ex-partners each put in from seventy to eighty hours a week.)

¶ Some left because they didn't care for the communities in which the partnerships were located. Or because health reasons forced them to live in other areas.

¶ A few left because they found partnership ties were not for them. "Our agreement was fine," says a New York State urologist, "but I wanted to be my own boss. I found after several years that I am a real individualist."

¶ A few tired of their fields of practice. So they left to take residencies in other fields.

"And an Ohio G.P. decided to return to the African mission service that he had worked for before. His ex-partner says: "He felt that he was needed there. Here, he felt that he was just competing."



YOUR PATIENT CHARTS HIS OWN
PERFORMANCE LINE against your PREDICTION LINE

In giving each patient his ten-week chart of predicted weight-loss, you provide weekly goals as incentives for adhering strictly to your prescribed diet.

As the patient records his weight-loss performance week by week on the same chart, he experiences the satisfaction of achieving these goals you have set. And, equally important, he quickly sees the consequences of caloric overindulgence.

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Since its introduction in early 1958, ARISTOCORT has been carefully investigated by many of this country's leading clinicians, and has been used successfully in the treatment of many thousands of patients. From these studies and reports on therapy, general conclusions have now been established:

you can prescribe for more patients . . .

Patients who failed to achieve adequate symptomatic improvement on earlier corticosteroids, or where improvement was not maintained, or who developed serious hormonal reactions may be treated with highly successful results with ARISTOCORT. In addition, those patients who previously could not be treated with corticosteroids because of edema, hypertension, cardiac disease, and overweight are often microssfully treated with ARISTOCORT.

you can prescribe for more patients unsurpassed therapy... AMSTOCORT provides effective anti-rheumatic, anti-inflammatory and anti-allergic control on dosages averaging $\frac{1}{2}$ to $\frac{2}{3}$ those of prednisone and prednisolone, $\frac{1}{4}$ the dosage with hydrocortisone and $\frac{1}{6}$ the dosage with cortisone.

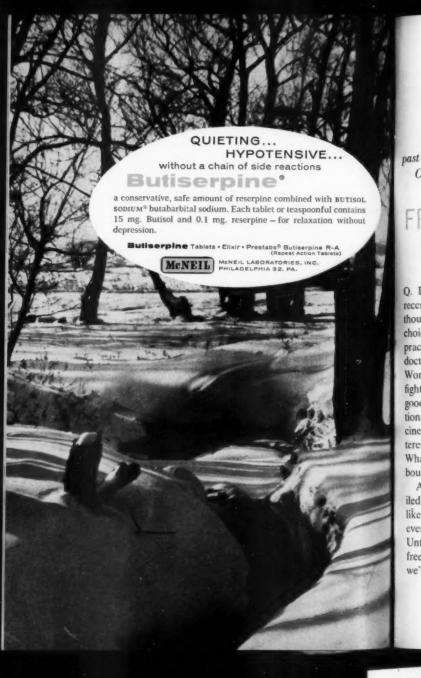
you can prescribe for more patients with great security...
With ARISTOCORT there has been freedom from sodium and water retention, absence
of potassium depletion, psychic equilibrium is rarely disturbed, a low incidence of peptic
ulter and a low incidence of osteoporosis with compression fracture.

Indications: Rheumatoid arthritis, bronchial asthma, perennial rhinitis, other respiratory allergies, poriasis, other inflammatory and allergic dermatoses, disseminated lupus erythematosus, nephrotic madome, pulmonary emphysema and fibrosis, palliution in neoplastic diseases such as the leukemias and tymphomas.

Supplied: 1 mg. scored tablets (yellow); 2 mg. scored tablets (pink); 4 mg. scored tablets (white).



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Dr. Elmer Hess, one of the A.M.A.'s most outspoken past presidents, talks frankly to medical economics' Lois R. Chevalier about one of today's most controversial topics:

FREE CHOICE—FOR WHOM? For Paying Patients Only!

Q. Dr. Hess, I know that you've recently been giving a lot of thought to the question of free choice of physician. Since you practice in Pennsylvania, where doctors and the United Mine Workers have had some bitter fights, and since you've had a good deal of experience as a national leader in organized medicine, your ideas are bound to interest all American doctors. What is your current feeling about free choice?

A. The very term has bedeviled us. It's one of those phrases like "totally disabled" for which everyone has his own definition. Until we get it straight whose free choice we're talking about, we're going to keep on quarrel-



Elmer Hess, M.D.

ing with the Government, insurance carriers, welfare funds, and patients.

Q. How do you define "free choice"?

A. I think it means that any-

one who pays his own bills may call any kind of medical adviser he wants. The patient who pays has a right to choose the greatest specialist in the country or a quack who's never finished high school. That's the paying patient's inalienable right. But it's only his.

If the Boss Pays

For instance, suppose an employe of mine comes to me and says, "I'm sick." I offer to pay her bill, and I say, "Go over and see Dr. Blow." Suppose she says she'd rather go to Dr. Snow.

Then I'm perfectly justified in saying, "Go to my doctor, and I'll pay. Choose your own man, and you pay your own bill."

Insurance Changes It

Q. An increasing number of people are in just the situation you've described. They have health insurance, paid for by their employer. Does the boss have the right to choose their doctor for them?

A. Of course not. It's not the same situation. When the employer buys insurance, he isn't furnishing the money to pay for



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oral suspension raspberry flavored, 2 oz. bottle, 125 mg. per teaspoonful (5 cc.) pediatric drops raspberry flavored, 10 cc. bottle (with calibrated dropper), 5 mg. per drop (100 mg. per cc.)

More than 90 clinical references attest to the superiority and effectiveness of Cosa-Signemycin (Signemycin). Professional information booklet available on request.

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care. The bills are met by the insurance company.

Q. Can the company justifiably control the patient's choice of physician?

Justifiable Limitation

A. They do. In compensation insurance, for instance, the companies have discovered that if they let a patient with a bad hip injury go to an ordinary physician, the case may cost two or three times as much as if he goes to a qualified orthopedic surgeon. So they limit his choice, at least in my state. They tell him he must go to a qualified orthopedic surgeon. They have that right because they're putting up the money.

Q. But is the same thing true with private insurance?

A. It is if the insurer is paying the doctor bill. If the insurer just pays an indemnity—say, \$50 to the patient when he has some surgery—that's different. The patient is still paying his own bill, against which he has simply bought partial insurance.

The Insurer's Rights

But there are more and more third parties that undertake to pay "reasonable and customary charges," or 80 per cent of such charges. In this kind of insurance, the carrier does have a right to insist that the patient have the best possible treatment—in other words, the treatment that will put him on his feet in the shortest possible time.

Q. You mean that any company writing major medical insurance may move in and tell its subscribers what doctors to go to?

A. It should at least have the right to find out how long your chosen doctor expects to have you in the hospital, and what he's doing for you. Under some circumstances, they might well say to the patient: "We'd like you to have a consultation. We'd like to be certain that you're getting the kind of care we want you to get."

Q. Doctors aren't going to like that.

Patients' Welfare First

A. Look here, conscientious doctors all want the same thing. They want the people of this country to get the best available medical service. Naturally, they also want to preserve the free-choice principle. If this principle were ever completely broken

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FREE CHOICE—FOR WHOM?

down, third parties that may have started out providing good medical service could lower their standards.

So we've emphasized free choice. But maybe we've overemphasized it. Sometimes you have to overemphasize things in order to keep the net results where you want them.

My main point is that this whole argument has to be settled

by honest negotiations among people of goodwill on both sides.

Q. How can they negotiate for free choice if the patient doesn't have a right to it?

A. As I've said, it's not an absolute right for all patients. It ceases to be the patient's absolute right as soon as he lets someone else pay his bills.

That's historically true. If an indigent goes into a hospital, he



"He don't look like no stork to me!"

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The house-call antibiotic

MEDICAL ECONOMICS . MARCH 16, 1959 133

takes whatever doctor is assigned to him—because he's accepting this care as a gift. When the Government furnishes service to a patient, he doesn't have free choice.

Q. Medicare patients have it, don't they?

Temporary Freedom

A. Free choice for the person who's not paying his own bills can be *negotiated*. It was negotiated for Medicare patients. But the Government can also rescind that free choice. To some extent it has already done so in the Medicare program.

State and local welfare departments can set up systems to give the indigent a choice among those doctors who'll accept the welfare schedule of payments. This has been done in many areas. But no welfare department is obligated to do it that way. The indigent can't insist on free choice, unless he can find a doctor who'll treat him without charge.

Emergencies Limit It

After all, doctors and patients have accepted many other limitations on free choice. Just the other day, I took care of an automobile accident case. The people were brought into the hospital emergency room. There wasn't anybody else around. I happened to be there, so I went down and did the work. Those people didn't have free choice. They had to take the doctor they could get—interne, resident, or a urologist who happened to be free at the moment.

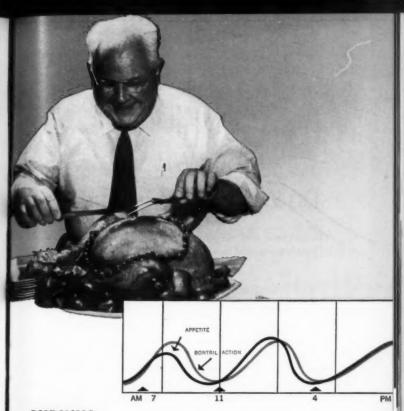
By the same token, you might decide you wanted me to do some brain surgery. I wouldn't be fool enough to do it. So your right of free choice would be denied.

A Definition

All I'm saying is that we've got to be rational about this thing. And one of the first rational moves we can make is to define free choice the only way it can be defined:

It's free choice for whoever pays the bill, within the limits of what's possible in a particular situation.

If we accept this distinction, and if we otherwise provide the highest quality of medical care, keeping it as much on a voluntary basis as possible, we're fulfilling the desire of all decent doctors.



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Curbs excessive desire for food Helps to ease bulk hunger Reduces nervous tension hunger

Each tablet contains:

Dosage is flexible:

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What'll

Your Widow

Do With Your Practice?

You and your wife will find practical pointers in this story of how one medical community is helping doctors' widows

BY CLARON OAKLEY

When an active and successful Los Angeles G.P. died unexpectedly from a coronary last spring, the last thing his grief-stricken widow wanted to think about was the economic shape of things to come. But in the first bewildering days after her husband was laid to rest, she had to face two hard questions:

First, what was the right thing to do about her husband's office staff (one faithful nurse had been with him for nineteen years)?

Second, how should she go about selling the practice itself?

As she put it later, "I'd been married to a man for twentythree years; and then, when I had to know, I hadn't the faintest notion of what his office and practice should mean to me."

Opening her accumulated mail one day, she came to a letter from the Los Angeles County Medical Association. Actually, it had been mailed the same day her husband was buried. It read like this:

Dear Mrs. Franklin:

On behalf of the members of the Los Angeles County Medical Association, may I extend my deepest sympathy in the death of Dr. Franklin. We will miss his friendship and interest in the medical profession.

The welfare committee of this association has been es-

cold sufferers never dry...



they just blow away!



Until you provide GREATER RELIEF with longer-acting*

Novahistine LP

 A single dose provides relief for as long as 12 hours.

Novahistine LP† combines the action of a quick-acting sympathomimetic with an antihistaminic drug for a greater decongestive effect.

Each LP tablet contains:
Phenylephrine hydrochloride, 20 mg.
Chlorprophenpyridamine
maleate.
Bottles of 50 and 250 tablets.

Usual dose: Two tablets, morning and evening. For mild cases (and children), 1 tablet. Occasional patients may require a third daily dose, which can be third daily dose, which can be safely given.

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(one 400 mg, tablet q.i.d.)

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Franklin

tablished to assist the widows and survivors of deceased physicians to dispose of their practices in a fair and equitable manner. If we may be of assistance to you, please communicate with us. We will be pleased to serve.

The letter (instigated by a secetary assigned to clip all newsper obituary notices pertainto doctors) was signed by Dr. Arthur A. Kirchner, chairman of e metropolitan district of the edical association's welfare committee.

She Accepted the Offer

Maybe the letter was nothing nore than a friendly gesture, hought Mrs. Franklin. Still, she meded guidance somewhere. So he dialed Gastroenterologist Kirchner's office. She was surprised at his quick reaction. First he asked her to hold the phone while he buzzed his nurse. Then he had her make an appointnent for Mrs. Franklin in his office the next day.

"Bring last year's income tax return," he told the widow, "and ; 1957 the other facts you think ""Il need to really talk over your ituation."

After their hour-long confernce the following day, Mrs. Franklin felt brighter. She came

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dropper. Each cc. contains 0.5 mg. tetrahydrozoline hydrochlori Pediatric Nasal Drugs, 1/2-oz. bottle, 0.05%, with calibrated 0.2 mg. prednisolone, and 0.6 mg. neomycin (as sulfate) Nasal Solution, 1/2-oz. dropper bottle, 0.1%. Each cc. contains 1 mg. tetrahydrozoline hydrochloride, 0.2 mg. prednisolone,

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and 0.6 mg. neomycin (as sulfate).

NEW PRODUCT ANNOUNCEMENT

YOUR WIDOW AND YOUR PRACTICE

away with advice seasoned and tested by the welfare committee's five years of experience with cases like hers. Specifically, she now had three guideposts for the weeks ahead:

First, her husband's practice should be put up for sale at a flat

price of \$11,250. How did Dr. Kirchner arrive at this figure? He found from the income tax return that the practice had grossed \$75,000 the year before. So he applied one of the committee's time-tested rules of thumb: He counseled Mrs. Franklin that the



"I always keep extra sponges up my sleeve in case the count is wrong."

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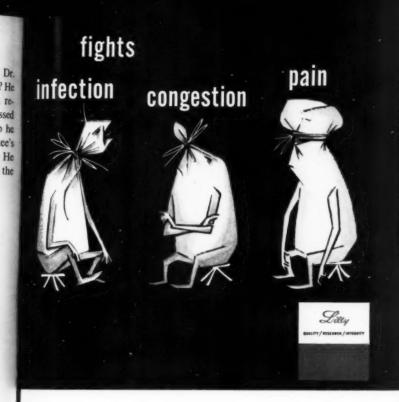
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$V\text{-}KOR^{^\intercal}\!\!...\text{provides relief in respiratory infections}$

I. to fight infection—V-Cillin K^{\ast} quickly and surely produces higher blood levels than any other oral penicillin.

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Dosage: $\mathit{Two}\ V\text{-}\mathit{Kor}\ \mathit{tablets}\ \mathit{contain}\ \mathit{the}\ \mathit{usual}\ \mathit{therapeutic}\ \mathit{dose}\ \mathit{for}\ \mathit{adults}.$ Repeat every six or eight hours.

Supplied: In attractive green-white-yellow, three-layered tablets.

V-Kor's (penicillin V potassium compound, Lilly) • V-Cillin K* (penicillin V potassium, Lilly) • Co-Pyronil's (pyrrobutamine compound, Lilly) • A.S.A.* Compound (acetylsalicylic acid and acetylsalicylic lilly)

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CILLIN K° ependable, fast, effective therapy

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ew: V-CILLIN K[®], PEDIATRIC—a taste treat for young paents. In bottles of 40 and 80 cc. Each 5-cc. teaspoonful provides 25 mg. of V-Cillin K.

ew: V-CILLIN K[®] SULFA. Each tablet combines 125 mg. V-Cillin K with 0.5 Gm. of the three preferred sulfonamides.

Cillin K* (penicillin V potassium, Lilly) Cillin K* Sulfa (penicillin V potassium htriple sulfas, Lilly)





sales price should be 15 per cent of that amount.

Second, she could expect another substantial piece of cash from the furniture and office equipment. How much was it worth? This would be decided by having an inventory made by one of ten cooperating surgical supply houses in the area. The supply house would submit its appraisal. If no doctor-buyer could be found at that price, then the stuff would be sold to the supply house itself.

Third, as for the deceased doctor's two nurses, bookkeeper,

and secretary, they could be given the standard two weeks' notice. And at Mrs. Franklin's discretion they might also be given a severance settlement, based on current salary and length of service. The widow was also advised to steer the staff to the medical association's placement bureau to learn about other work. (As it turned out, they all relocated without losing a day's pay.)

Next, Mrs. Franklin made use of free advertising space granted by the journals of the county and the state medical associations. Her announcement of the prac-

FOR SKIN INTEGRITY



Easy for mother just add water

BREMIL BOND STAND POWDERED BREMIL - MULL-SOY - DRYCO - BETA LACTOSE -

CODE FOR

NEW LIQUID AND POWDERED BREMIL . MULL-SOY . DRYCO . BETA LACTOSE .



AND FOR THOSE WHO CAN'T "TAKE" MILK...MULL-SO!

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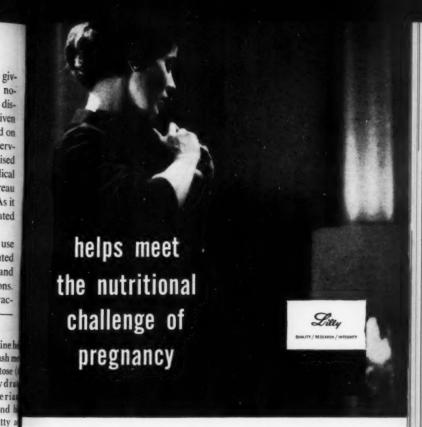
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when the "parasitic fetus" drains maternal stores

Even in utero, baby will have his way. Nature favors his need to build up a store of nutrients for his own biochemical processes—often at the expense of the mother-to-be.

Supplementation of her normal dietary intake with the comprehensive Compren formula will not only help overcome maternal deficiency but will also insure an adequate supply to the "parasitic fetus." Prescribe 1 to 3 Pulvules® daily for better health and fewer complications for both mother and child.

Compren® (prenatal dietary supplements, Lilly)

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tice and equipment for sale caught the eye of a young G.P. who had come to California from practice in a Michigan industrial center.

"Too many economic ups and downs in a unionized, one-industry town," he explained to Mrs. Franklin. "Every time there was a drawn-out strike, it took me a full year to recuperate financially."

Doubled His Income

He bought the California deal offered by Mrs. Franklin, and he hasn't been sorry. In six months, the young doctor has matched his gross for a year in his old location.

So both the doctor making a new start and the widow have the welfare committee to thank.

"But things aren't always quite that happy and pat," Dr. Kirchner says. "Many widows are convinced that they've the financial wisdom of a Rothschild or a Morgan. They come in with all kinds of preconceived and distorted notions about what their late husband's practice is worth."

He gives the example of a widow who brought him a tax return showing her husband had grossed \$62,500 the year before. She said it looked to her as if the selling price of the practice ought to be in the neighborhood of \$50,000.

"Why?" Dr. Kirchner politely inquired.

"Well, my husband's files have around 3,500 patient-histories in them," she said. "That's a big practice. And the office is right next to a new housing development that should have lots of new patients. Besides, John was always a leader in our community life. That brought him plenty of referrals from patients. He constantly got referrals from doctors, too, you know, because he was active in medical affairs."

As tactfully as he could, Dr. Kirchner explained to the widow that a doctor's popularity usually doesn't have much effect on the worth of his practice after he dies.

What It's Really Worth

"I've seen somewhere near a dozen situations like yours over the past year," he told her. "We've learned that the only accurate index to the cash value of a practice is what its dollars-and-cents yield happens to be—not how many nights a week your husband was called out of bed on

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146 MEDICAL ECONOMICS · MARCH 16, 1959



VLTRAN® helps you to restore assurance

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STAUGE

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house calls, or how late he got home from the office every day, or how many charts he had in the office files.

"You have to remember," he continued, "that to a great extent your husband's type of practice was based on contract work with insurance companies and, as you've said, on referrals by patients and colleagues. That's all work that his successor might not—and probably will not—get."

In other words, the widow's asking price of \$50,000 was astronomically and unrealistically high. Eventually, she settled for the figure Dr. Kirchner suggested: \$9,375, or 15 per cent of the last year's gross.

Percentage Deals

Another arrangement might occur to you at this point: Why not assign to the widow a percentage of the new doctor's gross for the first few years after the practice has been sold?

That's been tried. When the Los Angeles plan first started, it was operated on just such a reimbursement arrangement. The widow got a percentage of the gross for three years after the practice was sold. For example, she might get 30 per cent of the new doctor's gross (from the deceased husband's patients of record) for the first year, 15 per cent the second year, and 5 per cent the third and last year.

But when the American Medical Association heard of this arrangement, it turned thumbs down. The scheme was "unethical bartering" between laymen and doctors, according to the A.M.A.

"Right or wrong," Dr. Kirchner says, "we didn't mind dropping the arrangement. We had enough experience by then to know that a simpler formula would work just as well: that 15 per cent of the husband's gross for his last full year of practice was a good and fair return for the widow. So, with A.M.A. approval, that's the formula we use today."

He adds that this streamlined way of figuring a widow's compensation has a special advantage. It eliminates a possible bone of contention between the widow and the doctor-buyer.

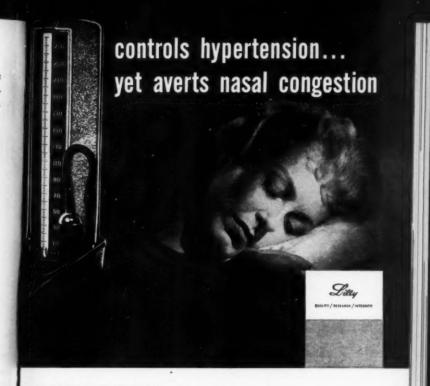
"When we were on the old percentage basis," Dr. Kirchner recalls, "there was a doctor who refused the widow permission to check the books for herself. We SAN

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Each tablet combines:

Sandril 0.25 mg.
Pyronil 7.5 mg.

Usual Dosage: 1 tablet b.i.d.

Sandril® (reserpine, Lilly)

Also: Sandril, as tablets of 0.1, 0.25, and 1 mg., and elixir, 0.25 mg. per 5-cc. teaspoonful.

1. Geriatrics, 12:185, 1957.

J. Indiana M.A., 48:603, 1955.

Pyronil® (pyrrobutamine, Lilly)

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YOUR WIDOW AND YOUR PRACTICE

had reason to believe he was doing far more business with her husband's former patients than his records showed. But she had to take his word that he wasn't."

What's a widow's biggest handicap in settling her doctor-husband's affairs? The welfare committee's answer: her ignorance of the professional side of her husband's life.

"It's incredible how little most doctors' wives know about their husbands' financial affairs," says Dr. Kirchner. "The widow doesn't know where he kept his life, fire, and automobile insurance policies. Often she hasn't the slightest idea how much her husband has been earning. Many a widow doesn't even know who's been working for the doctor. I'm often surprised that she knows where her husband's office is located."

In fact, one widow remarked that she'd been inside her husband's office exactly three times in the past fifteen years—on the three occasions when he asked her to see about new decorations for his waiting room. Each time, she stayed long enough to introduce herself to the office staff, to



"Now, Harry, how about thanking the doctor?"

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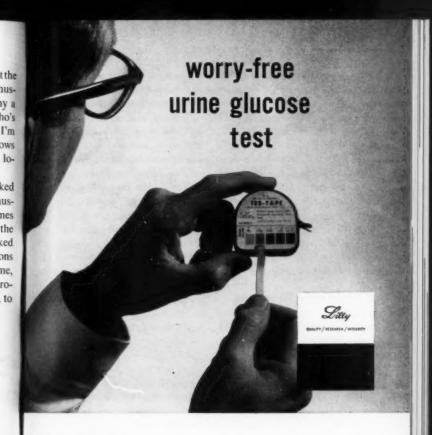
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Whipple, R. L., Jr., and Bloom, W. L.: J. Lab, & Clin. Med., 36:635, 1950.
 Parker, F. P.: A Textbook of Clinical Pathology, Ed. 3, p. 568. Baltimore: The Williams & Wilkins Company, 1948.
 Seltzer, H. S., and Loveall, M. J.: J. A. M. A., 167:1826, 1958.

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select colors from a paint-andwallpaper man, and to relocate the pictures on the wall. "Five minutes afterward, she was back in her own world," says Dr. Kirchner.

"Later, with her husband dead and the financial faucet turned off, she didn't even know in what banks around town the doctor had savings accounts. It took his death to make her realize that her husband's profession was also a business—and that his business was her business too."

Training for Widowhood

Is there some way to prepare a doctor's wife for possible widowhood? The Los Angeles medical association thinks so. It's planning two new experiments this year. Dr. Kirchner says both could easily be borrowed by medical societies elsewhere:

1. Doctors' wives will be "educated" through the women's auxiliaries of the medical association in the Los Angeles metropolitan area and in sixteen local branches. Each branch has a welfare committee paralleling the work of Dr. Kirchner's central committee. This is the message the welfare committees will send the wives: Don't get so wrapped up in home and hearth that you forget to learn what makes your husband's office tick.

Says Dr. Kirchner: "Some doctors may not like it if we encourage wives to know more about the doctors' business affairs; but, let's face it, it's only good sense."

2. Doctors themselves will be shown a handy way to keep a check-list of their assets, for the sake of their survivors. Each member of the Los Angeles medical society will get a blank booklet, with the compliments of the welfare committee. It will have pages for the doctor to jot down a running record of his insurance-policy amounts, the policy numbers, and the covering companies; his checking and savings accounts and their location; and so on. In short, the booklet will tell the doctor's survivors what he's worth and where to find the assets.

Which doctor's widow is likely to have the hardest time disposing of her husband's practice? The widow of a specialist, if you can take the welfare committee's experience as a guide.

The reason, as Dr. Kirchner sees it: A G.P. stands to make a go of it when he buys out a generalist's practice, but the special-

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I. Kaye, Robert: Vitamins and Other Nutrition Factors in Clinical Practice, Delaware M.J., 28:51, 1956.
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YOUR WIDOW AND YOUR PRACTICE

ist who replaces a specialist can't be so sure. He has to ask: Will the referrals continue? Will the deceased doctor's colleagues send work to a new man they hardly know?

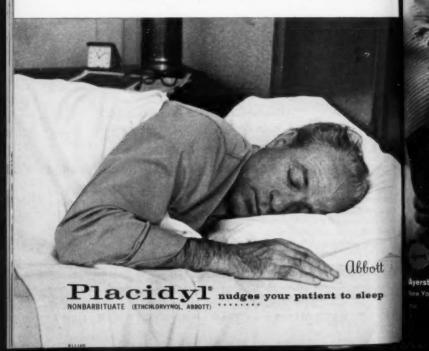
To avoid this stumbling-block, Dr. Kirchner urges a doctor in a specialty practice to get an associate. "We've had many a practice lie dormant, useless to the widow and the public for months, because of a specialist's failure to get a partner," he says. "And when any doctor takes someone into partnership," he adds, "the two should spell out exactly what

is to happen when one or the other dies."

The welfare committee offers two other tips to any medical society interested in easing the sale of practices for doctors' widows;

¶ Keep in touch with the placement bureaus of your area's medical schools. They can help you find beginners who are looking for practices.

Help young doctors get loans if they need them to buy a practice. In Los Angeles, the committee used to arrange to cosign a doctor-buyer's note. Now it has an arrangement with a local



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loans praccomcosign ow it local bank. Any applicant who is a member of the county medical society can borrow up to \$2,500 from the bank for the purchase of a practice and equipment—with no other security necessary. In just four years, loans under the plan have totaled more than half a million dollars.

Sometimes a widow comes to Dr. Kirchner with a problem that's not directly practice-connected. A case in point:

One of the welfare committee's first "customers" was a widow whose husband had left her a valuable medical building and practice. Dr. Kirchner spent many hours with her working out an equitable sale to a doctortenant of the building.

Advice to the Lovelorn

A year later, the grateful widow—remembering Dr. Kirchner's financial counsel—came to him for help of a different kind. Her new problem: In her loneliness following her husband's death, she had accepted a friend's invitation to a dinner party, where she met a middleaged bachelor. He seemed delighted to know her, and invited her to the theatre.

In the ensuing months, he

plied her with flowers and gifts as though she were a debutante. Now he had proposed. "What shall I do?" she asked Dr. Kirchner. "I'm lonesome, and I don't want to live alone. But is he—well, does he like my money, or me?"

Dr. Kirchner wasn't anxious to be a Dorothy Dix to his colleagues' lonely widows. But he did suggest that the lady ask herself this question: Does my suitor have financial assets of his own, and a professional record worth mentioning? He explained:

"If your friend has assets that reflect a successful life and career, I'd say he's earned the right to propose to a doctor's well-off widow. But if he doesn't have anything now, it's a cinch—at his stage of life—that he's not going to get anything without finding a woman who's both wealthy and vulnerable."

So the widow investigated. She found that her suitor's last fultime job (two years before) had paid \$6,000 annually and that his name had a red index tab in every credit bureau in the state.

"I'd have never dared to second-guess Cupid," Dr. Kirchner reflects, "without Dun & Bradstreet to back me up." as

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How clinicians evaluate the safety and effectiveness of RITALIN® as a psychic stimulant

CONDITIONS TREATED	RESULTS	COMMENTS ON SAFETY
Depression accompanying chronic illness and convalescence from short-term illness; mild depression induced by life pressures; overtranquilization.	"The drug gave a plateau type of stimulation, smooth onset, with no euphoria Theeffect lasted about four hours, gave the patient a feeling of well-being"	"The side effects of Ritalin are minimal." "The work showed that the drug had no effect on blood pressure, the blood count, urine or blood sugar, did not depress the appetite, and produced no tachycardia."
Lethargy, fatigue and emotional depression secondary to chronic illness in elderly patients; mild depression secondary to short-term illness. (Twenty-three "normal," healthy people also received the drug.)	"For the entire 112 patients 66 per cent showed marked improvements [obvious drug effect and mood improvement]"	"No serious side reactions were noted In no case was it necessary to stop the drug. No evidence of significant effect upon blood pressure or pulse has been found. This is particularly interesting, since these side effects have been common with other mood elevating drugs "
Drug-induced psychophys- iologic depression; physio- logic after-effects of certain anesthetics; barbiturate in- toxication; moribund states due to systemic infection. (All patients were epileptic, mentally retarded and/or brain damaged.)	"All except two [of 129] patients responded to the initial injection [of parenteral Ritalin] within 1½ to 15 minutes."	"In no instance was there any evidence of untoward effects." " the very poor basic physical condition of our patients in this study, those associated with profound chronic brain damage, accentuates the safety of parenteral Ritalin"

DOSAGE: Oral: Dosage will depend upon indication and individual response. Many patients respond to 10 mg, bl.d. or t.l.d. Others will require 20-mg, doses. In a few cases, 5-mg, doses will be adequate. If inability to sleep is encountered, last dose should be given before 6 p.m. Parenteral: 10 to 30 mg., intravenously or intramuscularly. RITALIN® hydrochloride CIBA)

References: 1. Natenshon, A. L.: Dis. Nerv. System 17:392 (Dec.) 1956. 2. Landman, M. E., Preisig, R., and Periman, M.: J. M. Soc. New Jersey 35:35 (Feb.) 1953. 3. Carter, C. H., and Maley, M. C.: Dis. Nerv. System 18:146 (April) 1957.

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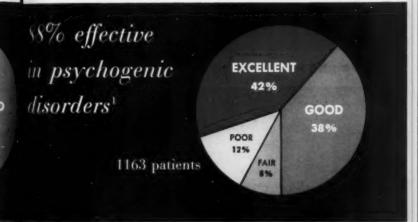
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How to Avoid Penalties on Your Tax Estimate

Virtually every practicing physician must file a declaration of estimated income tax for 1959. If your estimate is far out of line, you can be hit with stiff penalties. Here are some easy ways to protect yourself

By M. J. Goldberg

Have you filled out your 1958 income tax return? Even if you have, you're not yet through with tax forms. There's another one due on April 15: the declaration of estimated income tax for 1959.

Many doctors take this latter job rather casually. They assume that if they underestimate their income, and if their quarterly tax installments are therefore too small, they can make up the difference when they file their final return for the year. Uncle Sam will forgive and forget, they think, as long as he gets his money in the end.

But it doesn't always work that way. The Government expects the self-employed to pay their taxes as they go; and it has

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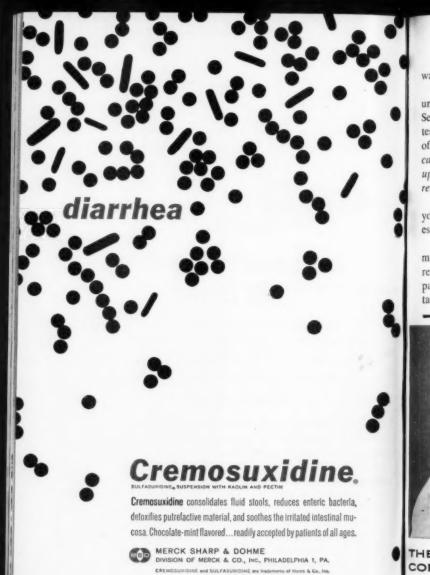
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For one thing, if you grossly underpay, the Internal Revenue Service can slap a 6 per cent interest penalty on at least some of the amount you're short. It can do so even though you pay up in full when you file your final return.

There's an even bigger risk you run if you don't handle your estimated taxes properly:

"One of the first things a Tman looks for when he scans a return is how close the quarterly payments have come to the final tax bill," says one experienced tax consultant. "If they fall far below, it's a good bet the return will be plucked for audit. The Government suspects that the audit will produce more than just interest money; it may well turn up some other errors."

"But how can I really estimate my earnings for the year?" you may protest. "I don't even know what I'm going to earn next week."

Two Ways to Be Safe

Fortunately, the law provides two easy ways to protect yourself from being penalized for



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MEDICAL ECONOMICS · MARCH 16, 1959 163

gross underestimation. If you pay your quarterly installments according to either of the following methods, you'll be in the clear:

You can base your 1959 tax estimate exactly on your 1958 tax bill.

In other words, you can simply use your final tax for last year as your estimated tax for this year. You'll then pay one-quarter of the total by each of the tax installment deadlines: April 15, June 15, and Sept. 15, 1959; and Jan. 15, 1960. And when you file your tax return next year, you'll pay any additional money you owe, or you'll get a refund if it's coming to you.

Suppose your taxable income for 1958 was \$20,000, and your tax came to about \$5,300. You list the same \$5,300 as your estimated tax for 1959. On each of the four installment dates you'll pay \$1,325. If your actual tax bill turns out to be even as much as \$10,000, you can pay the big extra sum on April 15, 1960, with no fear of being penalized.

You can base your 1959 tax estimate on your 1958 taxable income.

This method is your best bet

if you expect to have more dependents this year than last. Reason: When you base your 1959 estimate on 1958 taxable income rather than on taxes paid, you can deduct *this year's* personal exemptions. So if your exemptions have increased, your quarterly payments will be lower.

For example, let's say again that you paid \$5,300 on a taxable income of \$20,000 in 1958. You then had only two dependents: your wife and daughter.

This year, your elderly parents have come to live with you, and you've had another child. Each of those three new dependents is worth a \$600 tax exemption. So you can subtract another \$1,-800 from last year's income and base your tax estimate on an income of \$18,200. Your estimated tax will now be \$4,668 instead of \$5,300.

As I've said, if you stick to either of the above methods, you won't be penalized no matter how much higher your 1959 taxes turn out to be. But a word of caution:

You must let the I.R.S. know you're using one of the two methods. How? By filing a Form 2210 —available at any I.R.S. office —with your declaration of esti-

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constriction and mucous congestion . . . promotes normal breathing . . . mits greater activity. Rely on Tedral to keep your asthma patients symptom-round-the-clock . . . effectively, safely and at moderate cost.

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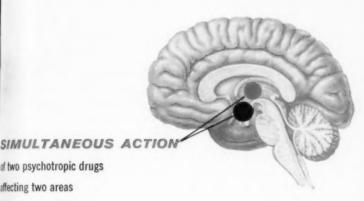
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PROZINE controls anxiety and tension as well a motor excitability. This effect on the components of emotional reation is possible because of the dual sites of action of PROZINE—thalamic and hypothalamic areas of the brain. The unique dual action of PROZINE enables the physician to exert more specific control over emotionally disturbed patients.

PROZINE controls emotional disturbances manifested by apprehension and agitation, insomnia, nausea and vomiting, gastrointestim symptoms, alcoholism, menopausal symptoms, premenstrual tension

PROZINE is indicated in patients having a primary emotional disturbance, in patients having an emotional disturbance unrelated to their organic disease, and in patients emotionally disturbed by pin mary organic disease. PROZINE is especially useful in overly apprehensive medical patients—including surgical and obstetrical—and in emotional problems of children, adolescents, and the aged. It also is useful in emotionally disturbed patients who receive little or no relief from analgesics, barbiturates, anticholinergics, antihypertensives, and hormones (estrogens and corticoids).

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in emotionally disturbed patients on PROZINE the dose required is diminished to the point where the incidence of side-effects and toxicity reactions is minimal* and the patient is calm, tranquil, and amenable to additional therapy, whether it be educational, medical, or psychiatric.

Supplied: Bottles of 50 capsules, each containing 200 mg. of meprobamate and 25 mg. of promazine hydrochloride. Comprehensive literature available

*In studies involving 972 patients suffering a variety of emotional diseases, related and unrelated to physical ailments, 78 per cent were improved; the incidence of side-effects was only 3.7 per cent.

Philadelphia 1, Pa.

MEDICAL ECONOMICS ' MARCH 16, 1959

AVOID PENALTIES ON YOUR TAX ESTIMATE

mated taxes. (There's no place for such information on the declaration itself.)

Both of the simple and safe ways to estimate taxes are thoroughly practical if you're likely to do as well this year as last, or even much better. But what if you have good reason to believe that your income is going to be a lot lower?

One G.P. I know faces just that situation. In 1958, he had a taxable income of \$25,000 and

paid more than \$7,000 in taxes. But he has now gone into residency for a specialty; in 1959, he'll earn less than his 1958 tax bill.

Understandably, he doesn't intend to fork over his entire salary to meet quarterly tax payments, even though he'd get most of the money back in time. So he can't base this year's estimate on past history.

If you're in the same boat or a similar one, the only thing you



"What the hell have you been saying in our delinquent account letters?"

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"...is highly spermicidal....Its relative simplicity makes it very acceptable to the patient."*

egghne, D., Clark, F., Jennings, M.; Potlois, V.; Otsen, H.; Wolf, L., and Tyler, E. T.; West, J. Surg. 64:152, 1956.
Companion. Neurolaborary millerthan orthonal SNs. in on elitin-senter envision at all 4.5.



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can do is make a reasonable estimate of your anticipated tax bill for 1959. As a rough rule of thumb, you can expect your taxes to be 10 to 20 per cent of your gross income. Nobody expects you to hit the final figure right on the nose. In fact, the law gives you a 30 per cent leeway before any penalty is imposed. If each quarterly payment covers as much as 70 per cent of the installment found to be due on the basis of your final return, there's nothing to worry about.

If You Guess Wrong

To illustrate: If it later turns out that your payments should have been \$1,000 a quarter, you won't be penalized unless you actually paid less than \$700. Even then, there'll be a 6 per cent interest charge only on the difference between what you did pay quarterly and the \$700. For instance, if you paid \$400 each time, you'll be charged interest on each unpaid \$300, not on the full \$600 difference.

Incidentally, there's no penalty for failure to *file* a tax estimate. The only penalty is for underpayment.

And even if at any time you discover that your original esti-

mate is way off base, you can still avoid penalty payment. In such a case, all you have to do is this:

"DR

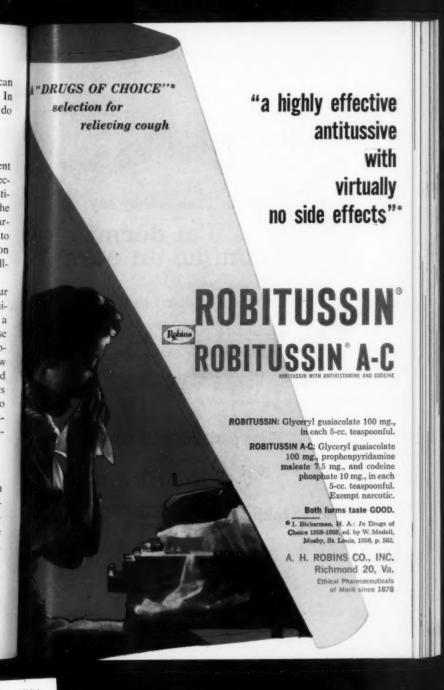
How to Revise It

Before the next installment due date, file an amended declaration and refigure your estimated tax. For this you use the form on the back of your quarterly tax bill. You're allowed to file a new amended declaration before any one of the tax installment dates.

If you're eager to shave your quarterly payments to the minimum, you'll do well to call on a tax adviser for help with those amended estimates. The law provides two explicit tests of how little you can pay and still avoid any danger of penalty. Both tests are based on your earnings up to the time you file the amended estimate; and both are quite technical.

You Needn't Pay Extra

"There's never any reason why a doctor should pay a penalty for underestimating his income taxes," comments one practice management consultant. "The penalty is really for indifference—nothing more." END





Your patients will say

"I slept like a log"

after taking **NEV**

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NOW in any language, NOLUDAR 300 is synonymous with sound, restful sleep.

EFFECTIVE: New NOLUDAR 300 acts promptly to induce sound, refreshing sleep of normal duration and quality^{1,2,3}
... followed by a clear-eyed awakening, without "hangover" effects.

SAFE: NOLUDAR 300 is free of barbiturate risks such as addiction or overdosage. Even minor side reactions are rare. 1,2,4 In terms of safety, NOLUDAR "appears to afford all one can possibly expect from a drug of this type,"

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"... 97.9 per cent rated the hypnotic effect of NOLUDAR as at least equal, or superior to barbiturates they had previously received."

INDICATIONS: Insomnia due to mental unrest, excitement, fear, worry, apprehension or extreme fatigue.

DOSAGE: Adults—One 300-mg capsule before retiring.

Do not exceed prescribed dosage.

REFERENCES: 1. O. Brandman, J. Coniaris and H. E. Keller, J.M. Soc. New Jersey, 52:246, 1955.

 L. J. Cass, W. S. Frederik and J. B. Andosca, New England J. Med., 253:586, 1955.

 E. H. Loughlin, W. G. Millin, J. Schwimmer and M. Schwimmer, Internal. Rec. Med., 168: 52, 1955.

4. P. A. Radnay, Posigrad. Med., 21:617, 1957.

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Such hypothyroid patients with few exceptions must have lifetime thyroid supplementation. No wonder then that many physicians prefer Proloid for a safe, predictable metabolic response. It is odorless, economical and acceptable to the patient for long-term therapy.

Proloid is the *only* purified but complete thyroglobulin. Proloid is assayed chemically to assure unvarying amounts of organic iodine, and biologically to assure uniform metabolic potency from lot to lot. Specify Proloid whenever thyroid therapy is indicated. Proloid is prescribed in the same dosage as ordinary thyroid but its response is smooth, uniform and predictable.



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COLLECT VIA TELEPHONE?



'DON'T TRY IT!'

This writer explains why the patient
who owes money may well respond to courteous letters,
whereas phone calls may irritate or embarrass him
to the point of seeking another doctor

By Clayton L. Scroggins

"Never phone a patient—nor let your aide phone him—about an overdue account." That's what I tell doctors who ask for my advice. I believe there should be no exceptions to the rule.

Elsewhere in these pages, you may have read that there are good telephone techniques for doctors' aides to use when collecting bills. But it's my considered opinion that the wise medical man won't let them be used. Collecting by letter costs less in time and money. The written word is also more effective and less subject to misunderstanding.

To be more specific, here are

THE AUTHOR is head of Clayton L. Scroggins Associates, a professional management firm in Cincinnati.

n

three good reasons why you should avoid the phone as a collection tool:

Why Letters Are Better

1. A telephoned request for money may irritate the patient. Such calls are never exactly welcome. They're even less welcome if they interrupt a nap, a favorite television program, an important household chore, or a chat with a neighbor.

A letter is much more courteous. If it arrives at an inconvenient moment, it can be put aside for a while.

2. When you or your aide phones, you risk leaving the wrong impression. Reason: If you want the patient to make more than a perfunctory promise to pay when he's able, you have to apply a certain amount of pressure. And in so doing, you may seem mercenary and hardboiled. The patient may pay up as the result of such a call. But he may also go to another doctor the next time he needs medical care.

A firm letter can apply pressure just as effectively as a phone call—and can do it far more tactfully.

Furthermore, letters induce

small, regular payments. Telephone calls sometimes bring in large payments—but only from patients who feel they've been "spanked" into paying up. Small, regular payments from people who don't resent their doctor's collection methods add up to more than large, irregular payments from people who do.

If the patient ignores your letters and if a phone call finally seems necessary, why not let your collector make it? He can take a tougher approach than would be seemly for either you or your secretary. People expect collectors to crack down.

It Defeats Its Purpose

3. A single call from your office may render further collection efforts useless. In my experience, this is more than just possible. It's highly probable.

Why? Well, when your aide telephones a delinquent patient, he'll generally do two things: He'll explain why he can't pay at the present time, and he'll promise to pay as soon as he can. In making such an explanation, the typical patient believes he's done all that's necessary. So if he later gets follow-up statements or letters from your office, he'll as-

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Cass, L.J., et al.: J.A.M.A. 166:1829 (April 12) 1958.
 Batterman, R.G., et al.: Am. J.M. Sc. 234:413 (Oct.) 1957.
 Medical Department, Wyeth: Final Report on the Clinical Evaluation of Zacticin.



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COLLECT VIA TELEPHONE? 'DON'T TRY IT!'

sume they've been sent as a matter of routine. In many cases, he won't even read them.

By contrast, a carefully worded series of letters will have one of the following results: The patient will take no action at all; or he'll feel compelled to explain his delinquency either by letter or through a phone call of his own; or he'll send you a check.

If he takes no action, you can turn his account over to your collection agency. But if he feels impelled to explain himself, he often ends by simply paying the bill. Why? Because it's so much easier to write a check than to put a weak explanation into plausible-sounding words.

So I don't advise my doctorclients to think twice before telephoning. I advise them never to use the phone for collection calls. Letters maintain better patientrelations. And better patient-relations mean a better collection rate.

ull circle

When my husband started practice years ago in a small town, his office was in our home. I pinch-hit as nurse, phone answerer, and receptionist. My ignorance was abysmal.

One day when I answered the doorbell, a woman handed me a jar and said with a smile: "Tell him it's from Mrs. Jones." How kind, I thought, a jar of preserves! And I thanked her profusely. She looked at me strangely and departed.

I put the jar in the pantry and told my husband of the nice gift. Then he looked at me strangely. It was, of course, a urine specimen.

Now, twenty-four years later, history has repeated itself—in reverse. The office is no longer in our home; I am no longer the aide. But the other day my husband came home from the office bearing a jar of amber-colored liquid. "The patient must've meant this as a gift," he said. "It's honey. We found out when my girl tried to do a urinalysis on it."

-ESTHER LOCKE

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Chydrochlorothiazide CIBA)

Greater activity: Milligram-formilligram, Esidrix is the most effective oral diuretic known. With a therapeutic efficacy comparable to parenterally administered mercurials, Esidrix is from 10 to 15 times more potent than chlorothivide and therefore provides the same therapeutic benefits with but 1/10 to 1/15 the dosage. Animal studies indicate that Esidrix is longer acting than chlorothiazide, providing a smoother response.

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Patients unresponsive to chlorothiazide and mercurials in many tases respond readily to Esidrix.

Use in hypertension: Esidrix may be used alone or in combination

with other antihypertensive drugs to bring about effective lowering of blood pressure. The drug potentiates the action of all other antihypertensive agents.

Less dietary salt restriction: In many cases, Esidrix permits some moderation in severe sodium restriction and therefore makes meals more palatable.

Dosage: Esidrix is administered orally in an average dose of 75 to 100 mg, daily, with a range of 25 to 200 mg. A single dose may be given in the morning or tablets administered 2 or 3 times a day.

Supplied: Tablets, 25 mg. (pink, scored); bottles of 100.
Tablets, 50 mg. (yellow, scored); bottles of 100.

CIBA

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SUMMIT, N. J.

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Question: Why do so many physicians prefer Cafergot and Cafergot P-B for migraine and other recurrent throbbing headaches?

Answers: By leading clinicians, quoted from their published investigations.



"The highest percentage (83%) of patients with symptomatic relief is obtained by early and adequate administration of ergotamine and cafeine (Cafergot), alone or combined with antispasmodics

and/or sedatives (Cafergot P-B)." (Friedman, A. P.: J.A.M.A. 163:1111, March 30, 1957.)

"For those patients in whom nausea and vomiting occur so early in the attack that oral medication cannot be used, rectal administration is sometimes a simple and effective solution.
Cafergot supposi-

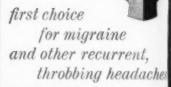
sometimes a simple and effective solution. Cafergot suppositories...and Cafergot P-B suppositories ...are useful additions to the armamen-

tarium."
(MacNeal, P. S., et al.: Management of the Patient with Headache, 1957.)



"The tablets [Cafergot P-B] were especially useful when the headaches were accompanied by nervous tension and gastrointestinal upset.... Cafergot P-B Tablets constitute an important addition to the

treatment of vascular headache."
(Blumenthal, L. S., and Fuchs, M.: Med.
Annals District of Columbia 26:175,
April 1957.)



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CAFERGOT TABLETS ergotamine tartrate 1 mg., caffeine 100 mg Dosage: 2 at first signs of attack; inceeded, 1 additional tab. every ½ how until relieved (max. 6 per attack).

CAFERGOT SUPPOSITORIES ergotamine tartrate 2 mg., caffeine 100 mg. Dosage: 1 as early as possible in attact; second in one hour, if needed (max.1 per attack).

When the headache is associated with nervous tension and G.I. disturbance

CAFERGOT P-B TABLETS
ergotamine tartrate 1 mg., caffeine 100
mg., Bellafoline 0.125 mg., pentobarbital
sodium 30 mg.
Dosage: same as Cafergot Tablets.

CAFERGOT P-B SUPPOSITORIES ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg.

Dosage: same as Cafergot Suppositories.

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This doctor finds them scared about accreditation and hiding behind more bureaucratic forms than ever. His Rx: 'Spend less time on records that please the hospital inspector, more time with patients'

By A. J. Allenby, M.D.

It's been called the best thing to hit the profession since antibiotics—this Joint Commission on Accreditation of Hospitals. In hospitals from coast to coast, its boosters say, the Joint Commission is helping physicians to practice better medicine.

For example, Dr. Anthony J. J. Rourke says that accreditation spurs hospital staffs to raise

and reraise their standards.*

It's "heart-warming," says he, to
"watch them at work in their
[accredited] hospitals." Well,
then, let's watch them.

They're hard at work, all right, those J.C.-blessed hospital staffs—busy keeping their blessing.

For instance, when the Joint

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^{*}See "Hospital Accreditation: Still a Sore Point?" MEDICAL ECONOMICS, Dec. 8, 1958.

Commission's inspector comes around, he'll want proof that there have been plenty of meetings—meetings of the executive committee, the credentials committee, the tissue, record, and infection committees. Proof means reports. So the hospital personnel become minute-book jockeys. They race from meeting to meeting, making reports.

The Power of Words

Something else. The hospital inspector won't have time on his blitz visit to make much of a personal check on the care of patients. So instead he'll want something in writing: progress notes. Such notes can make or break a hospital's reputation. In fact, a doctor with an hour to spare may figure he can serve his hospital better by writing up his notes than by looking in on patients.

In long (not in short), the record's the thing. Take another example:

There's that little gambit about staff meetings. The Joint Commission insists that every doctor attend half of them. If he's on the active staffs of three hospitals, say, that means three meetings a month, plus his county medical and specialty society meetings.

Result: The busy doctor marches into the staff meeting, signs the roll book, and then has himself paged out. Later the paper-worshipping inspector looks in the minute book and nods approvingly at that 50 per cent attendance.

One way and another, the hospitals turn the trick of pleasing the Joint Commission and anyone else who wants to see the record. "If we're just as good as our records say we are, let's pile up the records!" they seem to say. And what does a little more red tape matter to hospitals that were swimming in it long before the J.C. was born?

But I say the red tape does matter. It closes in on the people who used to be the core of a hospital—the doctors and the patients.

Who Ordered the Tape?

And who's responsible for this state of affairs? Not the Joint Commission, primarily, not the doctors, not the nurses. The red tape is the pride and joy of a mushrooming corps of nonmedical bureaucrats.

Right here let me repeat what

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Deprol is unlike amine-oxidase inhibitors

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Donage: Usual starting dose is 1 tablet g.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: Each tablet contains 400 mg, meprobamate and 1 mg. 2-diethylamineethyl benzilate hydro-

chloride (benactysine HCI). Supplied: Bettles af 50 scared tablets. TIBAGE-HARK CO-7479

1. Alexander, L.: Chemotherapy of depression-Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958. 2. Current personal communications; in the files of Wallace Laboratories.

Literature and samples on request



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'RED TAPE IN HOSPITALS'

I've just said: I'm not holding the Joint Commission solely responsible for the growing burden of hospital red tape. The J.C. has merely given the bureaucrats a few more chances to indulge their natural passion for piling up rule on rule.

Before this nonmedical bureaucracy took over the hospitals some years ago, a need often led straight to action. There weren't these countless detours "through channels."

When I was an interne, for example, we needed radiator covers on one of the wards. Some

Amusing . . . Amazing . . .

Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

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Veracolate

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*Gasster, M.: Med. Times 86:1403, Nov. 1958

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'RED TAPE IS RUINING OUR HOSPITALS'

beds were so near the radiators that we were afraid patients would be burned. The nurse told me about the situation. I told the chief resident. He phoned the engineer, and the radiator covers were made.

But in the modern hospital, that would be an unorthodox way—the wrong way—to get radiator covers. Instead, the nurse would have to make the request through nursing channels. It would eventually reach the director of nurses, but she wouldn't be authorized to go to the chief engineer. She'd have to go through the superintendent's office. Then the radiator covers would become the subject of a conference of department heads. That's the new hospital bureaucracy.

You can't miss this nonmedical bureaucracy. It has its own indicia of prestige—the ante-



"This may give you some incentive: Blue Cross writes that after next Tuesday you're on your own!"

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After fitting the diaphragm, prescribe the complete unit — RAMSES "TUK-A-WAY"s Kit #701 with diaphragm (sizes 50 to 95 mm.), introducer and jelly in attractive, new apper case. At all pharmacies.

 Tietze, C.: Proceedings, Third International Conference Planned Parenthood, 1953.

*Active agent, dodecaethyleneglycol monolaurate 5%, in a base of long-lasting barrier effectiveness. RAMSES and "TUK-A-WAY" are figistered trade-marks of Julius Schmid, Inc.



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MEDICAL ECONOMICS · MARCH 16, 1959 18

'RED TAPE IS RUINING OUR HOSPITALS'

room, the carpet on the floor, the private toilet.

The nonmedical bureaucracy is distinguished by its private retainers, too. The boss of the hospital laundry, for example, will usually have a private secretary. The chief of the orthopedic service usually won't.

It's Not for Doctors

Finally, the nonmedical bureaucracy is an élite corps with its own internal line of communication—the hospital intercom. The chief of personnel, the engineer, and the director of social services can reach each other on the intercom. You too can speak up about your hospital's affairs, Doctor—but not on the intercom, please.

Theoretically, the doctor with something to get off his chest can drop in on the superintendent (or administrator or director, as he likes to be called now). In the days before bureaucracy, you or I could have said to him:

"Look, Joe, here's an idea. How about our taking photographs of all the patients and then pasting the photos on the charts to prevent misidentification?"

We'd talk it over. Then Joe

might issue an order to get the new system started. That's all there was to it.

Today your first problem as a hospital staff physician would be to get to see the superintendent, administrator, or director. You don't just walk in any more. You go through suites of offices guarded by secretaries in depth. To say nothing of the secretaries' secretaries and the secretaries' secretaries' messengers.

One or another of these sentries will tell you: "Sorry, Doctor, the director's in conference." And it'll be the truth. The everyday work of the hospital bureaucrat has to be performed by talking with his bureaucrat-colleagues: the business manager, the coffee shop manager, the public relations officer.

Let's say you finally do get through to your administrator with the little idea about photographing the patients. He can't say yes or no—not by himself, he can't. He'll appoint a committee.

The Wheels Turn Slowly

The committee will hold hearings. The committee will think up problems to explore: the financial problems, the photo-



graphic problems, the administrative problems, and the clerical problems. Questions you never thought of will be debated at length:

Who's to pay the photographer? Better call the business manager in on that. Shall we identify the patient by number or by name? What about the patient who doesn't want his picture taken? If we take a man's picture when he's unconscious, is that a legal violation of his privacy? Let's ask the attorney and schedule another meeting...

By now, you wish you'd never thought up the photography idea. But you can't retrieve it. It's not your idea any longer; it's going through channels. No wonder the hospital looks impressively



@ MEDICAL ECONOMICS

busy when the inspectors come around.

And do they come around! It's not just the occasional inspector from the Joint Commission. The A.M.A. sends inspectors from the Council on Medical Education and Hospitals. Specialty organizations send inspectors. If the hospital receives fees from the Veterans Administration, that agency wants to inspect the records. If the hospital receives Hill-Burton money, there's inspection by Federal officials. If the hospital accepts patients who get disability payments under Social Security, there'll be still another inspector dropping in.

Naturally, each of these inspections means more administrative work for the hospital: more clerks, typists, and secretaries. And more forms.

Some of the most intriguing forms were inspired by the Joint Commission. All staff doctors are to take the pledge against fee splitting, on a form. A surgeon's privileges must be clearly set forth, on a form. The Joint Commission wants every postoperative infection traced—on a form, where else?

A nurse could never get radia-

Unsurpate relief test enhanced anti-aller corticothe enough. Datient's the the

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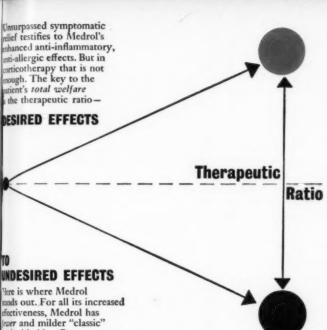
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uch as muscle weakness. Whenever corticotherapy indicated, remember that ledrol has the best therapeutic tio in the steroid field.



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The best therapeutic < in the steroid field makes

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MEDICAL ECONOMICS · MARCH 16, 1959 193

'RED TAPE IS RUINING OUR HOSPITALS'

tor covers now without starting a form through channels. I doubt if you can even change a burnedout light bulb in a modern hospital without stating your plans on a form.

Not Much Red Tape Here

Odd how the doctors, nurses, and patients manage to make do with medical charts and laboratory and X-ray reports that are pretty much the same as they used to be. Everywhere else in the hospital, old forms or no forms are bad form.

Well, you ask, would I go

backward? Would I eliminate the functions all these forms stand for?

Of course not. That's precisely my point! I'm for every report and record and form-provided we don't start mistaking form for function. And a hospital's function still is this: to take good care of sick people.

Somewhere behind the filing cabinets, beyond the maze of channels, the inspector will find doctors and nurses. They're at the hospital to serve patients. Let's help them do that first job first. END

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The original synergistically fortified chorionic gonadotropin. Dose 1 cc IM — Supplied 10 & 25 cc vials.

- 1. Gould, W. L.: Impotence, M. Times 84:302 Mar. '56. 2. Personal Communications from 110
- Physicians.
- 3. Milhoan, A. W., Tri-State Med. Jour., Apr. '58.

Reg. U. Pat. Off. Pat. Pend. @ 1958



(and all night, too!)





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Acute respiratory infections
Chronic sinusitis
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Each teaspoonful (5c.c.) or tablet Tussionex provides 5 mg, dihydrocodeinone and 10 mg, phenyttoloxamine as resin complexes

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- (1) Chan, Y. T. and Hays, E. E., The American Journal of the Medical Sciences, August 1957;
- (2) Townsend, E. H., Jr., The New England Journal of Medicine, January 9, 1958;
- (3) Cass, Leo J. and Frederik, W. S., Annais of Internal Medicins, July 1958,

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'I'll Never Send a Patient to Again'

That's what this doctor has heard G.P.s say because of faulty reporting by specialists after the referral. Listen...

By Henry A. Davidson, M.D.

Between the two doctors concerned, a referral can be the beginning—or the end—of a beautiful friendship. That friendship gets its severest test when the patient is returned to his family physician. And the outcome here is determined largely by the consultant.

 Consider Wilmot Partridge, for instance. This busy specialist just hates to dictate letters. (Too much paper work, you know.)
 And he's too busy saving lives to fuss with written reports. After seeing the patient, he telephones the referring doctor and overwhelms him with a monologue like this:

"Oh, Doctor, about your Mr. Ingersoll. He has periarteritis nodosa. Biopsy shows focalized swelling of collagen fibers in the intima. Eosinophile count is 5 million 8. Alkaline phosphatase is 6 units. That's by King-Armstrong, of course. And only 5 milligrams of galactose at 45

Convenient information for physicians starting diabetic patients on

DIABINESE

simple once-a-day dosage in practice

During the initial control period, the patient should check his urine at frequent intervals, and report at least once weekly for review of symptoms, physical examination, urine and/or blood examination for glucose.

The New Patient (no previous antidiabetic therapy)

- 1. Initial daily dose 500 mg. (2 tablets of 250 mg. each) with breakfast.
- 2. In elderly patients, initial dose 250 mg. (1 tablet) daily.
- 3. CONTROL PERIOD
- (a) If blood sugar reaches normal levels after three to seven days, or if glycosuria disappears, lower daily dose of 500 mg. to a level between 250 mg. (1 tablet) and 375 mg. (1½ tablets of 250 mg.) with breakfast daily. In elderly patients, dosage may be reduced to as low as 100 mg.
- (b) If hyperglycemia or glycosuria persists or develops, increase the daily dose from 500 mg. to 625 mg. (2½ tablets of 250 mg.) with breakfast daily. In elderly patients, dosage should be increased from 250 mg. according to patient response.
- (c) Continue weekly adjustments during first month of therapy until maintenance dose has been established. Adjustments below 250 mg. daily are best made in steps of 100 mg. (one 100 mg. tablet). The maintenance dose may occasionally be as low as 100 mg. (one 100 mg. tablet daily) or, rarely, as high as 1.0 Gm. (four 250 mg. tablets) daily. Do not exceed daily dose of 1.0 Gm.

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1. If patient is taking 40 or less units of insulin daily and gives no history of severe or "brittle" diabetic response, discontinue insulin and replace with DIABINESE as in The New Patient.

2. Complete control period as for The New Patient. Priming ("loading") doses should not be used.

3. If patient is taking more than 40 units of insulin daily, or shows evidence of severe or brittle diabetes, reduce insulin dose by 50 per cent and initiate DIABINESE therapy as for The New Patient. Further reduction of insulin dosage depends on patient response.

Transfer of Patient from Other Oral Medication

Where less than satisfactory control has been achieved with other oral medication, or where a change to once-a-day dosage is desired, DIABINESE may be sucressfully substituted. Such a transfer may be made by discontinuing previous oral medication, substituting DIABINESE, and continuing control period as for The New Patient. Avoid priming doses.

The clinical safety of DIABINESE has been established by more than two years' trial. By adherence to the above dosage schedule, side effects of DIABINESE will generally be infrequent, mild, and transient.

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THE MOST EFFECTIVE ORAL ANTIDIABETIC AVAILABLE

SUPPLIED: Tablets, 250 mg., bottles of 60 and 250, white, scored. 100 mg., bottles of 100, white, scored.

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minutes. Have them prepare a 7½ per cent BAL in oil, and if you use a 26-gauge needle . . ."

By now the confused G.P. is writing furiously: . . . 5 million 8 . . . King-Armstrong (whatever that means) . . BAL . . . 26 gauge . . . 5 milligrams . . . collagen . . . alkaline phosphatase . . . oil . . .

He's also swearing—swearing at the type of consultant who's just "too busy" to send the referring physician a written report.

Why Not Oral Reports?

To force the family doctor to absorb any report orally is to invite gross misunderstanding.



What's more, it's distasteful and patronizing.

The written report, by contrast, puts no strain on the memory. It may be read at leisure. It's much easier to grasp. And it can be preserved and referred to again.

He Consults and Runs

Another referral aftermath that can cause hard feelings is illustrated by this case:

The consultant radiated good cheer. He assured the patient that his condition would improve. Then, clutching his hat and his fee, he disappeared.

But the patient *didn't* improve. So someone—and who else but the family doctor?—had to face the music.

Finally, let's consider the problem of changing the patient's regime after the consultation. This is one of the chief dilemmas of specialism:

¶ If the consultant makes no change in the treatment, the patient ends up where he was before. From his point of view, a high consultation fee has gained him nothing.

¶ If the consultant recommends a change, it sounds as if the previous treatment were In pyel

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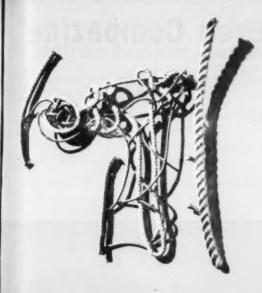
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PYELONEPHRITIS

"A DISEASE OF THE TUBULES" as well as the glomeruli. In pyelonephritis, "the tubules suffer from damage to their lining cells which show cloudy swelling, granular degeneration and diminution in size. Inflammatory cells and colloid casts are found in the lumen of the tubules. . . . The glomeruli remain normal over a long period."

in addition to simple glomerular filtration, FURADANTIN is actively excreted by the tubule cells.

FURADANTIN "may be unique as a wide-spectrum antimicrobial agent that is bactericidal, relatively nontoxic, and does not invoke resistant mutants." Available as Tablets, Oral Suspension

References: 1. Smith, I. M., and Lenyo, L.: Am. Practitioner 9:78, 1958. 2. Waisbran, B. A., and Crowley, W.: A.M.A. Arch. Int. M. 95:653, 1955.

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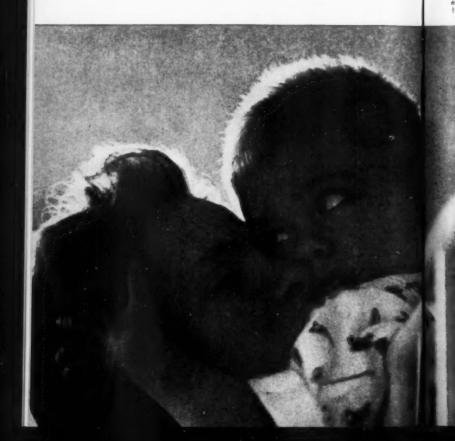
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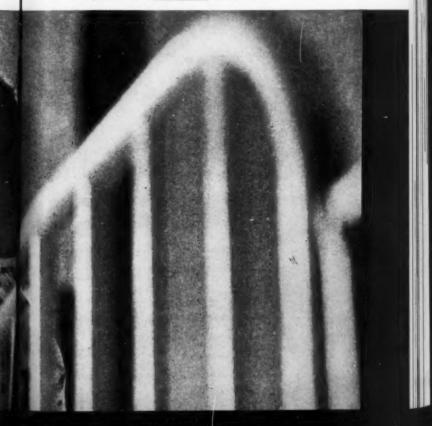
*relieves nausea *stops vomiting *controls behavior disorders

Rapid acting \bullet Effective in low dosage \bullet Well tolerated in the recommended dosage range.

NEW 2½ mg. Suppositories For Young Children Also available: 5 mg. Suppositories (for older children), Syrup 5 mg./tsp. (5 cc.), Tablets, Spansule† capsules, Ampuls and Multiple dose vials (5 mg./cc.).

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*T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F. †T.M. Reg. U.S. Pat. Off. for <u>sustained release</u> capsules, S.K.F.



'I'LL NEVER SEND A PATIENT TO HIM AGAIN'

wrong. This tends to damage the family doctor's standing. In some cases, it has even led to malpractice action.

There's no sure way to escape the first horn of this dilemma if the patient or his family can't be made to understand the situation. Often, though, what they want from the consultant is not a bright new treatment but simply solid reassurance that all that can be done is being done. In such a case, the specialist does earn his fee if he can honestly give that assurance.

The most successful consult-

ant I know says he handles the *other* cases by explaining the change in some such fashion as this:

"The treatment Dr. Quinn has been giving you is exactly what I would have prescribed myself. Of course, nothing works ideally in every case. So if we don't see further improvement soon, there's another treatment I've been discussing with Dr. Quinn that we can introduce."

This approach serves a dual purpose: It justifies the consultation. And it doesn't impair confidence in the G.P.

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addition to peptic ulcer, DARICON, is also indicated for other gastrointestinal disorders aracterized by hypersecretion, hypermotility and spasm (e.g., functional bowel syndrome, moic nonspecific ulcerative colitis and biliary tract disease).

tage: 10 mg. b.i.d. (morning and evening). Supply: Tablets, 10 mg., white, scored. Bottles to and 500.

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EVEN REPRACTORY CASES RESPOND

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TODAY'S



CHALLENGE

Early detection, prompt, proper treatment and a greater public awareness of cancer have raised the life-saving rate, in the past ten years, from 1 in 4 to 1 in 3.

But with present knowledge, it is possible today to save 1 in 2 cancer patients. Our two integrated programs are helping to meet this challenge.

We make available to doctors a variety of free materials... magazines . . . films . . . exhibits . . . slides . . . on latest advances in cancer therapy.

We use every effective means of communication to urge all Americans to see their doctors promptly at the first sign of a danger signal, and to have annual health checkups no matter how well they may feel.

Saving the lives of 1 in 2 Americans stricken by cancer... that is today's challenge. Tomorrow's challenge is even now being met in the research laboratories.

AMERICAN CANCER SOCIETY

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How To Deal With

The Seductive Patient

The woman who throws herself at you can spell trouble, as one doctor learned. Here's a psychiatrist's Rx for fending it off

By John A. Ewing, M.D.

"I'm terribly upset about something that's just happened, and I want to see you tonight." These were the urgent words of a friend of mine, a surgeon whom I'll call Richard Scott. Naturally, I told him to come right over.

An hour later, pacing the floor of my study, he stated his prob-

lem without hesitation: "I've just allowed myself to do something I always thought was impossible—get involved with a woman patient. Now I feel ashamed and scared. You're a psychiatrist, and I need your advice if you'll give it to me."

"I'll see if I can help," I re-

THIS ARTICLE has won one of the 1958 MEDICAL ECONOMICS Awards for its author, who is a member of the psychiatry department at the University of North Carolina School of Medicine. The article is copyrighted © 1959 by Medical Economics, Inc., Oradell, N.J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.

plied, settling down to listen to his story.

The facts as he told them were simple. He'd seen a 30-year-old woman on referral, had recommended abdominal surgery, and had done it himself. When he'd discharged her from the hospital, he'd told her to drop by his office for a final check-up a few weeks later. This afternoon, things had been slack in the office, and he'd let his nurse leave early. He was just about to go home when the woman arrived.

"I tried to explain that I couldn't see her then, that my nurse was away," he said to me. "But she pleaded that she'd be back at work next week. And she did have a kind of appealing manner..."

So he told her to get ready in an examining room. In a few moments, she shouted: "I'm ready, Dr. Scott."

When he went in, she was lying on the couch with a sheet draped somewhat carelessly over her. He added another sheet and separated the two for a restricted view of the abdomen. But as he palpated the scar, she suddenly sat up. All at once her arms were around his neck.

"It's just like a dime novel. I-

I just lost control of myself. Now it seems inexcusable," he said, still walking back and forth in my study.

Knowing Dick, I felt sure he didn't expect to find any excuses. I sat silent, waiting for him to finish.

Now at last he sat down. "Well, there you are," he murmured. "I'm scared about what's going to happen. Will she start a scandal? Has she gone to the police, or is it going to be blackmail? What do you think?"

Before answering his last question, I asked a few of my own. It developed that he hardly knew the patient. She'd been outspokenly appreciative of him postoperatively. Tonight, after it was all over, Dick had said something like, "I shouldn't have done that." Then he'd gone and sat trembling in his office.

She Didn't Complain

He'd heard the woman dressing and had waited for her to come in and start a scene. Instead, to his surprise, she'd gone off without a word.

"Ever heard of another doctor in my predicament?" he asked, finally.

I nodded. It's because Dick

WHY RISK DELAYED RECOVERY FROM

JUERMAS?

Many of the organisms causing pyoderma are refractory to routine antibiotic therapy. If the offending organisms are resistant staphylococci. CATHOMYCIN (novobiocin) is indicated. CATHOMYCIN has an established record* of effectiveness against strains of organisms resistant to other antibiotics. It may be administered alone, or combined with other antibiotics for protection against the emergence of resistant strains.

Of particular value in hard-to-control pyodermas caused by resistant staphylococci, CATHOMYCIN is rapidly absorbedproducing therapeutic blood levels that last for 12 hours or more. The drug is generally well tolerated and there is no evidence of cross-resistance with other antibiotics.

staphylococcic septicemia, enteritis, postoperative wound ns and other serious staph infections.



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> DOSAGE: Adults: CATHOMYCIN Sodium 2 capsules b.i.d. or CATHOMYCIN Calcium Syrup 4 teaspoonfuls b.i.d. Children: (up to 12 years) 2 to 8 teaspoonfuls daily in divided doses based on 10 mg. CATHOMYCIN per lb. of body weight per day. SUPPLIED: Capsules sodium novobiocin, each containing the equivalent of 250 mg. of novobiocin-vials of 16 and 100-and as an orange-flavored syrup (aqueous suspension), in bottles of 60 cc. and 473 cc. (1 pint). Each 5 cc. CATHOMYCIN Syrup contains 125 mg. (2.5%) novobiocin, as calcium novobiocin, *Complete bibliography available on request.

or Parenteral Therapy LYOVAC® CATHOMYCIN



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THE SEDUCTIVE PATIENT

Scott's problem is less unusual than it may seem that I feel it's worth telling to other physicians. He'd succumbed to temptation, and he shouldn't have. But the temptation is often there. I believe doctors should be aware of the danger—and prepared in advance to meet it with professional skill.

At the moment, though, I knew that what Dick needed most was reassurance. I could move along toward something else later on. So I smiled and

said: "From what you've told me, it may be you've seen the last of her."

He grasped at my words. "You really think so? But why did it happen, then? She's a married woman. Could she be a nympho?"

"We'll probably never know for sure," I explained. "It may be that she's sexually frustrated; but that wouldn't explain why she seduced you specifically. I think it's much more likely that she sees you (unconsciously, at least)



"Want to get him off balance? Ask him how an aspirin knows where to go."

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ach Ritonic Capsule contains:

dicalcium phosphate

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25 mg.
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Dosage: One Ritonic Capsule in mid-morning and one in mid-afternoon.

Supplied: Ritonic CAPSULES; bottles of 100.

References: 1. Natenshon, A. L.: J. Am. Geriatrics Soc. 6:534 (July) 1958.

2. Bachrach, S.: To be published.

RITALIN hydrochloride (methylphenidate hydrochloride CIBA)

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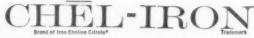
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also: CHEL-IRON PLUS Tablets - chelated iron plus B12, folic acid, other B vitamins, and C.





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"Chelate" describes a chemical structure in which metallic ions are "encircled" and their physicochemical properties thereby altered. Chelated iron (as iron choline citrate*) is unusually soluble; nonionizable; not precipitated by variations in g.i. tract pH, protein, phosphate, or alkali; yet is readily available for hemopolesis on physiologic demand.

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THE SEDUCTIVE PATIENT

as someone special—probably as a father figure."

Dick snorted. "I'm not ten years older than she!"

"Your actual age doesn't matter," I replied. "It's how she sees you. She looks up to you as a trained physician. She associates you with all the doctors she's ever known. What's more, she recently placed her life in your hands, like a trusting child."

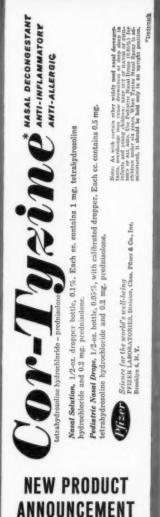
"Do you think she throws herself at all her doctors, then?" Dick wondered.

"It's possible, but we're not going to find out. However, I suspect that the fact she lost part of herself at your hands may have had something to do with it."

Dick snorted again. "You mean just because I took out her appendix?"

It Was Give and Take

I smiled. "To a down-to-earth surgeon like you, that may seem fantastic. But I deal with patients' fantasies, and I wouldn't be surprised if the seduction represented that woman's way of getting you to pay her back. Anyhow, these theories don't matter much right now. The main point is that if I'm right about the meaning of the incident to her, she hasn't gone screaming to the police." More



for all your patients starting on corticoids

Kenacort safely starts your patients off right - with all the benefits of systemic corticosteroid therapy and few side effects to worry about. Increased corticoid activity is provided on a low dosage schedule1-3 without edema,1-4 psychic stimulation, 1-3 or adverse effect on blood pressure.1-3.5 A low sodium diet is not necessary.4.5 Gastrointestinal disturbances are negligible^{2,4,5} with less chance of peptic ulcer.4 This makes Kenacort particularly valuable in treating your 'problem patients" - such as the obese or hypertensive and the emotionally disturbed.

Supplied:

Scored tablets of 1 mg.—Bottles of 50 Scored tablets of 2 mg.—Bottles of 50 Scored tablets of 4 mg.—Bottles of 30 and 100

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for all your arthritic patients requiring corticoids

Kenacort, particularly in the treatment of your arthritic patients. has proved effective where other steroids have failed. It provides prompt, safe relief of pain, stiffness and swelling by suppressing the rheumatic process^{1,5} — and may even forestall crippling deformities if started soon enough. Because of its low dosage1-3 and relative freedom from untoward reactions,1-5 Kenacort provides corticosteroid benefits to many patients who until now have been difficult to control. It is particularly valuable for arthritic patients with hypertension, cardiac disease, obesity and those prone to psychic disturbances.

Squibb Quality - the Priceless Ingredient

References:
C. A., Jr., and Hellman, L.:
Arth. & Rheum. 1:215
(June) 1958. * 2. Sherwood,
H., and Cooke, R. A.:
Allergy 28:97 (Marchi
1957. * 3. Shelley, W. B.;
Harun, J. S., and Pillsbury,
D. M.: J.A. M.A. 167:959
(June 21) 1958. * 5. Hartung,
E.L.: California Med. 89:195
(Sept.) 1958. * 5. Hartung,
E. F.: J.A. M.A. 167:973
(June 21) 1958.

"Thanks," said Dick Scott. "I feel better just from talking it over. Of course, I've heard that psychiatrists' patients fall in love with them. But I never thought that-"

'Merely a Symptom'

"You know less about my work than I know about surgery," I interrupted. "It's true that patients may feel they're in love with their psychiatrist. But that's merely a symptom of the treatment process. No good psychiatrist gets fooled by it. Next time this sort of thing happens to you, don't you be fooled by it either. If you understand why a patient may try to seduce her doctor, you're not likely to get seduced."

"I never really understood this before," said my friend. "You mean that you think my patient's sudden passion for me was just a kind of symptom?"

"Yes, Dick. I wouldn't take it too personally," I replied. "Of course, there are other times when the patient may feel that way but go less far. Watch out for the excessively coy patient or the one who flutters her eyes at you."

"Now that you mention it, I

did think this woman wore some awfully daring clothes in her hospital bed. And she was always made up perfectly for my visits. Even so, I couldn't very well say anything to her about it, could

"No," I answered. "But you could make sure you never examined her except in the presence of a nurse."

"Got any other good suggestions-just in case it isn't too late?" Dick laughed ruefully.

"I think so," I answered. "Let me tell you about two doctorpatient encounters I happen to know of. Neither doctor fell for the seduction. But one of them mishandled the situation, while the other handled it skillfully.

How Others Handled It

"When a certain patient made a pass at Dr. S, he quickly put her in her place. But refusing to be fended off, she protested that she loved him.

"'I knew this was hysteria," the doctor later told me. 'And I knew what to do.' He gave her a hard slap across the face. And he was sure he'd done the right thing, because he'd never seen her again."

"I can understand his doing

what is the duration of action of the skeletal muscle relaxant you now prescribe?

Chlorzoxazone

provides six hours' relief with a single oral dose.

specific for painful spasm

In arthritic, rheumatic, and traumatic muscle spasm, PARAFLEX relieves the stiffness and pain effectively on an average dose of only 2 tablets three or four times a day. Side effects are uncommon and seldom severe enough to require discontinuation of the drug.

Supplied: Tablets, scored, orange, bottles of 50. Each tablet contains PARAFLEX, 250 mg.

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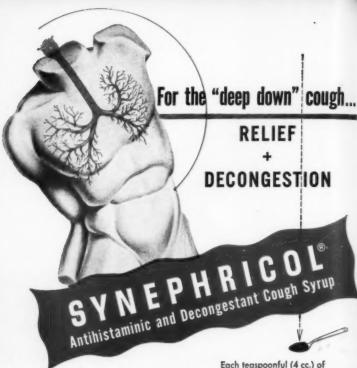
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Synephricol is expectorant, and more — it thins the viscous mucoid bronchial secretions, and it decreases bronchial irritation by sympathomimetic and anti-allergic action.

Each teaspoonful (4 cc.) of pleasant flavored Synephricol contains:

Neo-Synephrine® hydrochloride	5.0	mg.
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Dihydrocodeinone bitartrate	1.33	mg.
Potassium guaiacol sulfonate	70.0	mg.
Ammonium chloride	70.0	mg.
Menthol	1.0	mg.
Chloroform	0.02	CC.
Alcohol	8%	

Exempt norcotic

Average adult dose: 1 or 2 teaspoonfuls every two to four hours. Supplied in bottles of 1 pint and 1 gallon.

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Synaphrical, New-Synaphrina (brand of phenylaphrina) and Thunfadil (brand of thenyldiamina), tradamarks reg. U.S. Pat. Off.

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it," Dick mused. "But it seems pretty harsh."

"Precisely. What's more, it could have got him into serious legal trouble. Now listen to what another doctor I know did under identical conditions. The second man held the woman's wrists gently but firmly and said something like this:

Psychiatrist Needed

"'I'm not a psychiatrist, Mrs. Brown, but I do know that your feeling this way is a sign of emotional disturbance. Why don't we just forget about how you feel toward me right now, and let me send you to a specialist who can help you get to the bottom of it?""

"Did that help?" asked Dick.
"It certainly did," I replied.
"He sent her to me, and she was
my patient until recently. She'd
been worried about feelings she
couldn't understand. Those few
sympathetic words from her doctor made her feel that maybe she
wasn't so difficult to help."

Why Did He Weaken?

The time had come for me to tell Dick something a bit more personal. "There's one other aspect of all this to consider," I said slowly. "What's going on in the doctor who succumbs to a seductive patient? Is he acting out some trouble of his own? For example, is his own marriage unhappy?"

Dick grimaced. "I hadn't thought about it till now," he said slowly. "But I did have a fight with Elizabeth last night. And I was feeling angry with her today. I believe I'd have acted more sensibly if I'd been looking forward to going home tonight."

At that point, he did go home. It was months before we had another chance to talk in private, But finally the chance came. "You're looking a lot happier than when we met last," I said. "How goes it?"

She Paid Him, Too

He grinned. "You know, after that evening, I thought it over and decided that your theory about the woman was too subtle. I suspected she'd merely given me her body so as not to have to pay my bill.

"But I was wrong. Two weeks later, her check came through the mail. So I have to concede that your ideas were probably right.

"They never taught me about

THE SEDUCTIVE PATIENT

this in medical school, and I've had to learn it the hard way. Looking back now, it's easy to see the mistakes I made:

"First of all, I didn't spot the danger signs in my early contacts with the patient. Next, I didn't give her a set appointment time to come back to see me—which led to my seeing her without the nurse at hand.

"And there's one other thing I've thought about since we talked. I was all set to leave the office when the woman arrived. So I examined her without putting on my white coat again. I

usually wear it whenever I'm with a patient. That was one time when I should have worn it."

"That's a good point, Dick," I said. "I believe the white coat would have offered a kind of psychological barrier. It might have helped you both to control your impulses."

When I asked him if he'd permit me to write up his story, suitably disguised, he held out his hand. "I hope you will," he said. "If you tell our colleagues what you've told me, I'll feel that my experience was worth the pain it cost me."

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Guaranteed physiologic Ca:P ratio of 1½:1 (not available in any other <u>liquid</u> infant formula product)—minimizes restlessness, wakefulness, excessive crying.

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SPASM... without side effects! These three dials control a widely radiating, small-amplitude force produced by **Niagara®** heat and massage equipment, an effective aid in relaxing muscle spasm and pain... particularly those associated with chronic arthritis, bursitis, and rheumatism.

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new, dynamic, easy-toapply physical modality has been found to be time-saving for medical personnel and safe for use, under supervision, in the home. Effective ... no side effects. **Detailed information and descriptive literature on receipt of coupon.** Pro-

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Saturation Dosage

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Better Start Delegating More Work!



Do you take an active hand in collections?

Do you fill out the patient's case history in full? Do you give all injections, take blood pressures and X-rays, and run off routine laboratory tests? Then these tasks are probably costing you ten times more than they should!

By Millard K. Mills

"Now I am going to say something that many may not like: The M.D., as it is currently used throughout the world, is a sort of union card . . . Only if you have the card are you [supposed] to do this or that.

"Actually, an overwhelming fraction of the day-to-day actions that the doctor, [and] even the surgeon, have to perform, is a matter of routine skill and routine knowledge which any intelligent person could easily acquire after reasonable familiarity with the field..."

The speaker? Dr. Ralph W. Gerard, formerly of the University of Chicago. His words are quoted from a publication of the New York Academy of Medicine. They support the working philosophy of many physicians today: the philosophy of delegat-

ly

THE AUTHOR is managing partner of Professional Management Midwest, which has headquarters in Waterloo, Iowa. This article is the first of a series updating a classic report on the subject published by this magazine some years ago.

For Patients Suffering From



Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Foot Arch Trouble of any kind. The patient will be properly fitted and the Supports adjusted as the condition of the foot warrants, at no extra cost. This nation-wide service is available at many leading Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort® Shops in principal cities.

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PROFESSIONAL STATIONERY AND RECORD SUPPLIES



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DELEGATE MORE WORK!

ing all possible routine to welltrained nonmedical assistants.

Other physicians, though. cling to the "union card" philosophy. They take it upon themselves to do every task that physicians have ever done. As a result, they often find themselves serving as part-time nurses, parttime technicians, part-time secretaries, part-time bookkeepers -with the practice of medicine getting whatever time is left over.

Is it really possible to free yourself from medical office routine? What specific tasks can you safely delegate? How can you check up on delegated work? How will your patients react? And what are the economics of hiring additional aides, if necessary?

The Principle Is Sound

These questions have been answered to my own satisfaction, at least, by the experiences of several hundred physicians in the area covered by Professional Management Midwest. Clearly, some of their ideas are controversial; not every physician will want to apply them to the same extent. But the basic concept, I predict, is destined to catch on. Here's why I believe it should:

When they start out in private practice, many young doctors

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The Low Calorie Diet

A diet that calls for lamb chops when they aren't on the restaurant menu is an invitation to "slip off." But a diet outline that lets your patient fill in details provides incentive to stick to his diet.

He must remember that a candy bar equals a hamburger in calones only. An alternative must be the equivalent in nutrition, too.

Fresh fruits or vegetables such

as celery and radishes make good low-calorie nibbles. Spices, herbs, lemon and vinegar add zest with few or no calories.

Have your patient keep a calorie count. Then with a glass of beer* to brighten meals, he is more apt to follow a balanced diet later.

*104 Calories/8 oz. glass (Average of American Beers)

United States Brewers Foundation Beer-America's Beverage of Moderation



llyou'd like reprints of 12 special diets, please write United States Brewers Foundation, 535 Fifth Ave., New York 17 MEDICAL ECONOMICS . MARCH 16, 1959 225

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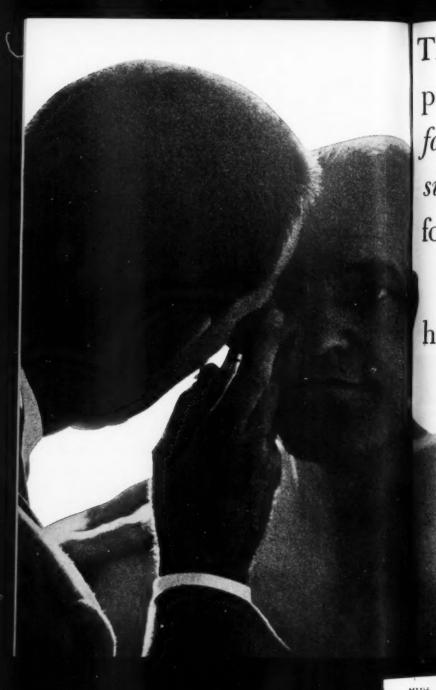
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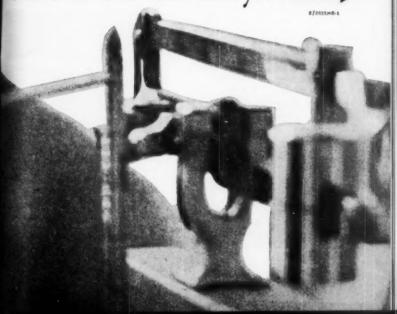


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The drug that lowered this patient's blood pressure for the first time without side effects is now available for your prescription...

World Leader in Hypertension Research Singosepp.

here is the full story... please turn



a major improvement in rauwolfia a major advance in antihypertensive therapy

Developed after three years of basic research, proved during one of the most extensive clinical trials in pharmaceutical history, here is what **SITUOSETI** can do:

Patient P. K. was first seen with a blood pressure of 220/138 mm. Hg; he complained of headache, palpitation, nervous tension and hyperhidrosis.



Hospitalized briefly for observation and treatment, he was placed on a 4-Gm. sodium diet, plus chlorothiazide and mecamylamine regulated according to b.p. reading, which he was taught to take himself.



One month later his blood pressure was 140/104; he complained of dryness of mouth, chest pain, constipation and nocturia (twice a night). He was then started on Singoserp (0.5 mg. daily) with instructions to reduce the other medications to the extent possible, as evidenced by his b.p. readings.



After five months on Singoserp the patient's blood pressure ranged between 120/84 and 140/100. No mecamylamine was required; only ½ the original dose of chlorothiazide was required. One month later, chlorothiazide was stopped and the patient was maintained on Singoserp alone, 1 mg. b.i.d. Favorable blood pressure response continues and patient feels well. Since taking Singoserp patient reports no chest pain, m mouth dryness, no other side effects.

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Solves the Side Effects Problem in Most Hypertensive Patients

- For new hypertensive patients Singoserp is the ideal antihypertensive drug for new patients because it lowers blood pressure without creating the side effects problem posed by conventional rauwolfia agents.
- 2. For hypertensive patients already undergoing drug treatment Singoserp, added to any antihypertensive regimen, makes it possible to maintain blood pressure levels achieved with more potent agents, while reducing their dosage requirements — or even eliminating them altogether in some cases.

Infréquent side effects—"The chief advantage of [Singoserp] over other Rauwolfia derivatives seems . . . to be the relative infrequency with which it produces disturbing side effects."

Loss sodation — "It [Singoserp] is approximately equipotent to reserpine as a hypotensive agent but is definitely less sedative or tranquilizing." 2

Depression relieved—"In those patients who had been depressed, [Singoserp] was substituted for other Rauwolfia preparations and within a period of one to two weeks this depression was relieved."³

Created in the laboratory by altering the reservine molecule so as to preserve its antihypertensive property and virtually eliminate its undesirable side actions.

DOSAGE: In New Patients: Average initial dose, I to 2 tablets (I to 2 mg.) daily. Some patients may require and will tolerate 3 or more tablets daily. Maintenance dose will range from ½ to 3 tablets (0.5 mg. to 3 mg.) daily. When necessary for adequate control of blood pressure, more potent agents may be used adjunctively with Singoserp in doses below those required when they are used alone. In Patients Taking Other Antihypertensive Medication: Add I to 2 Singoserp tablets (I to 2 mg.) daily. Dosage of other agents should be revised downward to a level affording maximal control of blood pressure and minimal side effects.

SUPPLIED: Singoserp Tablets, 1 mg. (white, scored); bottles of 100.

References: I. Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C.: To be published. 2. Wolffe, J. B.: Mod. Med. 26:253 (Feb. 1) 1958. 3. Bartels, C. C.: To be published.

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BETTER START DELEGATING MORE WORK!

have the time to do nearly everything that needs to be done around their offices. They answer the telephone, make appointments, handle collections, pay bills, and try to balance the books. Even when they hire a girl to help, they seldom let her do these things on her own.

This habit apparently lingers after the doctor can no longer spare the time. I was reminded of this a few months ago, when an established Iowa physician asked our firm to survey his office affairs.

"I'm on a treadmill," he told us. "I'm seeing as many patients as I can comfortably handle; I'm charging the highest fees this area will stand. Yet my earnings have leveled off at a disappointingly low level. I'd like you to see if you can find out what's wrong."

It didn't take long. The man



"Well, Waldo, it seems we should have taken out the other kidney. I guess the joke's on us."

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control congestion control cough

Control of respiratory congestion is basic to breaking the cough-congestion cycle.

Through the superior decongestant action of the Triaminic in this formula, irritating postnasal discharge is reduced. This relieves the sensitive laryngeal and pharyngeal membranes-"trigger" areas of the cough reflex.

Control of cough through the reflex center interrupts self-perpetuation of the cycle.

The non-narcotic antitussive action of Dormethan is as effective as that of codeine but is free of codeine's narcotizing and constipating side effects. In addition, Dormethan acts quickly.

The classic expectorant property of terpin hydrate thins inspissated mucous secretions.

This makes it easier for the patient to clear the respiratory passages of annoying mucus. It is also useful to help overcome the morning hacking found in chronic postnasal drip.

The "timed release" design of Tussaminic Tablets provides effective relief from cough within minutes, lasting 6 to 8 hours.



first-the outer layer disintegrates to provide 3 to 4 hours of relief

> then -the inner core releases its Ingredients to sustain relief for 3 to 4 more hours

Each TUSSAMINIC* timed-release tablet provides:

TRIAMINIC®

(Phenylpropanolamine HCl, 50 mg.; pheniramine maleate, 25 mg.; pyrilamine maleate, 25 mg.) Dormethan (brand of dextromethorphan HBr) . . .

Terpin hydrate Dosage: One tablet in the morning, midafternoon and in the evening,

Tussaminic timed-release

*Contains TRIAMINIC to Trunning noses and open stuffed noses orally





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REDUCED BREAKAGE—barrel of clear, Resistance glass unweakened by grinding. LOWER REPLACE-MENT COSTS—unbroken parts stay in service because every plunger fits every barrel. EASE OF ASSEMBLY—no tedious matching of parts—lower labor costs. CONTROLLED FIT—"backflow" eliminated—smoother operation.



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saw relatively few patients a day
—about a dozen during a typical
afternoon in his office, plus perhaps five more during the morning on house calls or hospital
rounds. But these seventeen patients completely filled his working day.

He Tried to Do It All

Why? Because the doctor personally did many of the office tasks that his secretary, or a nurse, or a technician could have done just as well. Here are a few of the things our survey spotlighted: ¶ The doctor filled out every section of every case-history form himself, in longhand. This caused him to spend a lot of time with each patient—half an hour, on the average. But the extra time didn't produce extra benefits for the patient.

¶ He took every phone call from anyone who said he wanted to speak to the doctor. This involved him unnecessarily with salesmen and solicitors; it cut down perceptibly on his productive time.

¶ He wrote all checks required to pay office expenses, and he

When thick purulent discharge in intranasal infections indicates bacterial involvement, then Trisocort® (3 antibacterial agents,

relief of infection, inflammation and congestion.

See Physicians' Desk Reference.





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In Gamble diffusion tests. LANESTA **GEL** completely immobilizes the last discoverable sperm within 45 minttes-one-fourth or less time than required with other leading vaginal rels and creams. LANESTA, tested by all standard in vitro and in vivo asmys, consistently demonstrated its superior effectiveness. The greater permicidal speed may be attributed to the interlocking action of four permicidal agents-7-chloro-4-indaml, a new fast-acting sperm-immohilizing agent; sodium chloride at an ionic strength which greatly accelerates spermicidal action, as well as sodium lauryl sulfate and ricinoleic acid, two well-established, timeproven spermicides.

unusually well tolerated

Prior to evaluation of clinical efficacy, tolerance tests were performed in more than 190 couples.^{2,3}

LANESTA GEL was nonirritating to the sensitive genital tissue of males and females, even in the presence of acute vaginitis of varying etiology. No allergic reactions have been reported. proven clinical efficacy

In controlled studies by leading clinics and outstanding private physicians, to only one unplanned pregnancy was reported over 200 patient-years' use of LANESTA GEL. The calculated Protective Index—greater than 99.5%—conclusively demonstrates that LANESTA GEL is the key to more reliable family planning.

complete aesthetic acceptability

Of 434 women using LANESTA six or more times, 418 (96.3%) found the new preparation highly acceptable. $^{6-8}$

Of 133 male partners interviewed, 130 (98%) had no complaints.

Supplied: 3 oz. tube with applicator; 3 oz. refill,

References: 1. Gamble, C. J.: "Diffusion Speemicials Times of Commercial Contraceptive Jellies and Creans Secured in 1936," Am. Pract. 4. Digest Treat. (Nov.) 1958. 2. "Definitive Studies of New Spermicides," Research Section, Esta Medical Laboratories, Chicago, Illinois, Glune 1957. 3. Pert, Gisella: "Vaginal Tolerance of Lanesta Gel in Common Leucerheas," Personal Communication, 4. New York of Lanesta Gel," Personal Communication, 4. New York of Lanesta Gel," Personal Communication, To be published on completion. S. McEvers, J.: Interim Report on Clinical Investigation of Lanesta Gel," Personal Communication, To be published on completion. 6. West Coast Study I; "Interim Report on Clinical Investigation of Lanesta Gel," Personal Communication, To be published on completion. To the published on Completion of Lanesta Gel," Personal Communication, To be published on completion. S. Warner, Marie Pichel, B.S., M.D.: "Tolerance Studies with a new contraceptive Gel," To be published.

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spent hours reconciling bank statements every month.

¶ He personally handled every clinical detail—from blood counts to changes of dressings—without assistance from anyone.

The economics of this oneman show? About what you'd expect. His gross income totaled \$17,000; his net income, \$10,-000. He paid a secretary \$60 a week and didn't expect much from her. Collections were below average—about 82 per cent.

Where the Money Went

When all the facts had been assembled, I felt the doctor would appreciate having them described in rather blunt terms:

"Look, Doctor," I said, "your time is worth at least \$15 an hour—and maybe as much as \$25 an hour—judging by what patients are willing to pay you for a half-hour visit. Your secretary's time is worth about \$1.50 an hour, judging by what you're paying her now. So when you do work she is capable of doing, the work costs you at least ten times more than it should."

The doctor thought that one over, reddening a bit as he did so. "I wonder if you appreciate

the difficulty of finding capable help these days," he said. "My experience has been that if I want something done right around this office, I have to do it myself."

They Need Training

"Plenty of other physicians have the same trouble," I assured him. "But some I know have succeeded in training girls to take over all office routine."

"Training?" the doctor snorted. "I've tried that. It's quicker to do the job myself!"

"At first, yes," I agreed. "But not, as a rule, after that—unless your girl isn't intelligent enough to be trained. It's possible, of course, that you need a more capable girl. Perhaps even two of them."

"Now, wait a minute," said the doctor. "I've worked hard to keep my overhead down. Isn't that so important any more?"

"No, it isn't," I said. "Not so important as giving higher-grade services to more patients, and increasing your own earnings as a result. By spending more on salaries, you can stop being a man of all work; you can practice medicine full-time; you can do more good for more patients

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Telescycline-Antihistamine-Analysisc Compound Ledevie

Tonsilitis, otitis, adentits, sinusitis, bronchitis or pneumonitis develops as a serious bacterial complication in about one in eight cases of acute upper respiratory infection. To protect and relieve the "cold" patient ACHROCLDIM.

Usual dosage; 2 tablets or teaspoonfuls qi.d. (equiv. 1 Gm; tatracycline). Each JABLET contains. ACHRO-MYCIR: Tetracycline (125 ng.), photocetta (125 mg.); colorother citrate (25 mg.), chlorother citrate (25 mg.), alto; as SYRUP (hemon-lime flavored), cuffoine-free.

1. Based on estimate by Van Volkenburgh, V. A., and Frost, W. H.: Am. J. Hygiona 71:122 (Jan.) 1933.



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new for total management of itching; inflamed; infected skin lesions

Mycolog Ointment – containing the new superior topical corticoid Kenalog – reduces inflammation, 3.4 relieves itching, 1.2 and combats or prevents bacterial monilial and mixed infections, 5.7 It is extremely well tolerated, and assures a rapid decisive clinical response for most infected dermatoses.

"Thirty-one of 38 patients . . . obtained excellent or good control of dermatological lesions . . . [Mycolog] was highly effective, particularly in the management of mixed infections. Several recalcitrant eruptions which had not responded to previous therapy were remarkably responsive to the daily application of this preparation over periods of 2 to 3 weeks."*

For total management of itching, inflamed, infected skin lesions, Mycolog contains triamcinolone acetonide, an outstanding new topical corticoid for prompt, effective relief of itching, burning and inflammation¹⁻⁴ – neomycin and gramicidin for powerful antibacterial action⁷ – and nystatin for treating or preventing Candida (Monilia) albicans infections.^{8,9}

XCOLOS Kenalog, Spectrocin and Mycostatin in Plastibase

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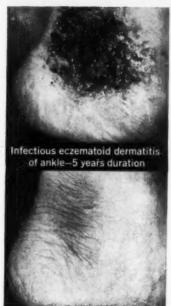
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Dermatitis repens (with staph and monilia) 7 weeks duration



Cleared in 5 days



Cleared in 20 days

Application: Apply 2 to 3 times daily.

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Supply: 5 Gm. and 15 Gm. tubes. Each gram supplies 1.0 mg. (0.1%) triamcinolone acetonide, 2.5 mg. neomycin late, 0.25 mg. gramicidin, and 100,000 units nystatin in PLASTIBASE.

man references: 1. Shelmire, J.B., Jr.: Monographs on Therapy 3:164 (Nov.) 1958. • 2. Nix, T.E., Jr., and Derbes, V.J.: d not Monographs on Therapy 3:123 (Nov.) 1958. • 3. Robinson, R.C.V.: Bull. School of Med., U. Maryland 43:54 (July) daily 1958. • 4. Sternberg, T.H.: Newcomer, V.D., and Reisner, R.M.: Monographs on Therapy 3:115 (Nov.) 1958. • 5. Cuff., R.F., and Hallett, J.J.: Monographs on Therapy, 3:137 (Nov.) 1958. • 6. Smith J.G., Jr.; Zawisza, R.J., and Bink, H.: Monographs on Therapy, 3:111 (Nov.) 1958. • 7. Monographs on Therapy, 3:137 (Nov.) 1958. • 8. Monell, C.M., Jr.: North Carolina M.J. 19:449 (Oct.) 1958. • 9. Bereston, E.S.: South. M.J. 50:547 (April) 1957.

Italia Manuelle C.M., Jr.: North Carolina M.J. 19:449 (Oct.) 1958. • 9. Bereston, E.S.: South. M.J. 50:547 (April) 1957.

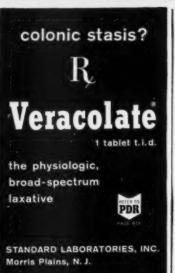
Ictive Static squeeze bottles. Each cc. supplies 1.0 mg. (0.1%) triamcinolone acetonide, 2.5 mg. neomycin base and 125 mg. gramicidin. Kenalog Cream, 0.1%—5 Gm. and 15 Gm. tubes. Kenalog Lotion, 0.1%—15 cc. plastic squeeze bottles. Kenalog Critiment, 0.1%—5 Gm. and 15 Gm. tubes.

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for containing syringes

during sterilization and



protecting them against

subsequent contamination.

DELEGATE MORE WORK!

than ever before. At least that's what other doctors have found."

There was silence for a moment; you could almost hear the idea sinking in.

"What about the patients?" the doctor finally asked. "How will they react? Won't they expect more of my time, rather than less?"

Patients Will Benefit

"If you can delegate office routine, they'll get more of your time as a physician. And they'll probably be happier to pay for it."

Again the doctor fell silent. He reached for a cigarette, lit up, and then gave a smoke-tinged laugh—his first that morning.

"Well, in spite of myself, I'm impressed," he said. "Not so much by your argument as by the fact that you've obviously seen other medical men in this same fix.

"What I'd really like from you is a report on what they've done. I want to get off the treadmill, yes; but I want to watch my step getting off. Some sort of summary of other doctors' experiences would probably help me most."

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That's what he asked for, and that's what he got. You too will get it in the next article of this series.



The most comfortable patients with hemorrhoids are those who use Nupercainal Ointment or Suppositories

NUPERCAINAL relieves intense itching, burning and pain during nonsurgical treatment of hemorrhoids. Used postoperatively, it promotes lasting comfort. Also useful for routine office instrumentation, cuts, minor bruises, sunburn and whenever a topical anesthetic is indicated. Does not contain narcotics to mask serious rectal disease.

NUPERCAINAL Ointment, 1% (petrolatum base); 1-ounce tubes with rectal applicator, and 1-pound jars for office use.

For convenience and accurate control of dosage: NUPERCAINAL® Suppositories, 2 Gm., each containing 2.5 mg. Nupercaine® (dibucaine CIBA) base; boxes of 12.

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research shows LINOLEIC ACID ESSENTIAL TO INFANT NUTRITION

Hansen's and co-workers' research 1,2,3 on linoleic acid indicates three important new facts:

- I. Linoleic acid is essential in infant nutrition.
- Linoleic acid is essential for maintaining skin integrity.
- III. Optimum caloric efficiency is attained when at least 4 to 5% of the caloric intake is linoleic acid —the amount present in normal human milk.

Varamel—because it replaces butterfat with suitable vegetable oils—provides enough linoleic acid for both skin integrity and optimum caloric efficiency.

Varamel provides 6% of the calories as linoleic acid; cows' milk and ordinary evaporated milk formulas provide about 1%.

1. Wiese, Hilds F., et al.: J. Nutrition 88: 345, 1958

2. Adam, Dorle J. D., et al.: Ibid.: 668

3. Hanson, A. E., et al.: Ibid.: 865

THE



VAIAMEL

THE BAKER LABORATORIES, INC.



A Way to Stop Most Malpractice Suits

Continued from 77

he'd be paid an equitable award from the fund. That would be the end of that.

Q. Would the doctor-lawyer committee be empowered to decide on the amount to be paid?

A. That's right.

The Patient Couldn't Lose

Q. And the patient would be paid whether or not there'd been negligence?

A. Absolutely. That's why my proposal would be such a tremendous help to doctors. In most cases, without penalizing the patient, it would eliminate any consideration of negligence or guilt on the part of the doctor. So he could honestly admit causality between treatment and untoward result—and with no fear of damaging his reputation.

Of course, the injured patient would have the right to refuse the money offered and to go ahead and sue. But I think in most cases he'd take it. The cases where he didn't would be the bad ones—the towel-left-in-the-abdomen type of negligence.

Actually, though, very few

such cases occur. Many malpractice charges are absolutely unfounded, and suit isn't brought. The untoward result is frequently caused not by the doctor's negligence, but by Nature's failure to divulge all her secrets to us. Or else it's caused simply by the doctor's normal physical limitations.

I wasn't always aware of this. Before I knew of things like status lymphaticus, contaminated bloods, salpingectomies, and a host of others, I considered—but fortunately didn't file—many more malpractice cases than I did later.

Something that really opened my eyes to doctors' problems was the week I spent as an observer at one of the East's largest lying-in hospitals. There I began to wonder, frankly, why there aren't more malpractice cases. Some of those fellows were on their feet twenty-four hours at a stretch. How the hell could they measure a shot of Pontocaine, or have enough sensitivity in their fingers to palpate, as exhausted as they were?

The more I've learned of medicine, the more I've taken the side of the doctor. And I'd say this would be true of most Amsterdam, Bernard: New York J. Med. 58:2199-2212 (July 1) 1958.

Panel Discussion on Proper Nutrition for the Older Age Group, J. Am. Geriatrics Soc. 6:787-802 (Nov.) 1958.

Leckert, J. T.; Donovan, C. B.; McHardy, G., and Cradic, H. E.: J. Louisiana M. Soc. 110:260-266 (Aug.) 1958.

blood cholesterol regulation is worth while

Arcofac lowers blood cholesterol levels. The Arcofac regimen is safe... well tolerated... effective... and imposes no radical changes in diet.

Arcofac supplies linoleic acid, an essential polyunsaturated fatty acid that lowers high blood cholesterol levels. It also provides vitamin B₈ which is deemed necessary to convert linoleic acid into the primary essential fatty acid, arachidonic acid. Vitamin E, a powerful antioxidant, helps maintain the fatty acid in an unsaturated state.



Arcofac

Armour Cholesterol Lowering Factor

Each tablespoonful of Arcofac contains:

Essential fatty acids† 6.8 Gm.

(measured as linoleic) with 2.5 l. U. of Vitamin E*
Pyridoxine hydrochloride........1.0 mg.
(Vitamin B.)

Supplied by safflower oil which contains the highest concentration of polyunsaturated fatty acids of any commercially available vegetable oil.

*Added as mixed Tocopherois Concentrate, N.F.

ARMOUR PHARMACEUTICAL COMPANY . KANKAKEE. ILLINOIS / A Leader in Biochemical Research

MEDICAL ECONOMICS · MARCH 16, 1959 247

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Rejection of forced feedings, including vitamin drops and liquids, begins at an early age as an expression of independence ("I don't wanna").

Vitamins that you prescribe may be rejected by as much as 52% of the 2-9 year olds, according to recent studies. And this can be the age when vitamin supplementation is most desirable.

DELECTAVITES make available a new solid dosage form that can be chewed beginning at age two. Now you can go directly from drops to DELECTAVITES. Be certain of continuous and uninterrupted vitamin supplementation after infancy with DELECTAVITES. There's nothing easier to give — children ask for them.

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(chocolate-like vitamin-mineral nuggets)

Cash marred contains

District Indiana, Control	
Vitamin A	.5 000 Units
Vitamin D	
Vitamin C	75 mg
Vitomin E	2 Units
Vitamin 8-1	2.5 mg
Vitamin B-2	2.5 mg
Vitamin 9-6	
Vitemin 8-12 Activ	vily3 mcg
Panthenoi	
Nicetinamide	
Folic Acid	0.1 mg
Biotin	30 mcs
Rutin	12 mg
Calcium Carbonal	
Beren	
Cobalt	
Fluorine	0.1 mg
locine	
Magnesium	3.0 mg
Manganese	
Molybdenum	
Polessium	2.5 mg

Bose: Only one chacolate Delectavites nugget each day. Box of 30 (one menth's supply), and 90



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WHITE LABORATORIES, INC., KENILWORTH, N. J.

of my legal colleagues. The more medically knowledgeable a plaintiff's lawyer is, the better chance the defendant has of getting off.

Belli's Seminars

Q. And one of the main purposes of your "Belli Foundation. Seminars" is to educate lawyers medically?

A. That's right. I'm giving another series across the country in December, 1959.

Q. Just what do these seminars consist of?

A. I lecture in principal cities from 9 A.M. to 7 P.M. daily. I tell lawyers about modern trial procedures and modern medicine. I show films of autopsies and surgical procedures. And I invite doctors to participate. But the doctors have given me no help whatsoever.

Q. Isn't organized medicine cooperating in your lecture series?

A. Not so you'd notice it! Lawyers obviously should be told more about medicine, so there can be better rapport between our professions. But are medicine's paid lawyers, who should lead the way, trying to further this? No, they're not. They've contributed measurably

to the bad feeling between lawyers and doctors generally.

That's one of the reasons why today's doctor is under the constant shadow of malpractice suits. I know from personal observation that many suits can be traced to the fact that politicianlawyers have wormed themselves into medical associations, are busily solidifying their own positions, and aren't doing a good job for the doctor at all. Instead of trying to talk some sense into all the soreheads in medicine who bristle every time you mention lawyers, they just lie low. Such lawyers and doctors don't want the professions to cooperate, period. And a lot of them hold positions on medical society malpractice committees.

Let's Get Together

We'll never get anywhere with the malpractice problem unless lawyers and doctors do cooperate education-wise. But doctors and lawyers have nowhere reached the point where they set aside so many meetings a year to sit down together and learn about each other. Such meetings could help the doctor learn how to be a good witness. They could teach him the clinical meaning

when fear-anxiety

finds its somatic outlet in cardiac or g.i. symptoms'

SYCOTROL

without sedative or depressant effect

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Dosage: I tablet 3-4 times

Supplied: 3 mg. tablets in

Announcing

WO NEW IMPORTANT MEDICATIONS

OR THE PEPTIC ULCER TRIAD-AR-ANXIETY, HYPERMOTILITY, HYPERACIDITY

II-LOGISTIC WODUTROL

the presence of SYCOTROL a specific for the fear-anxiety component now makes possible total peptic ulcer therapy

he sole medication, gave complete relief in proviously/ tant cases of peptic ulcer. No untoward side effects seen even on prolonged therapy.1

REED & CARRELCK / MESET SITY O, MEN MESETY

when
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with a G.U. infection
because of pain

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Azotrex

Symptoms of urgency, frequency, painted urmation, incomplete emptying of the bladder, and backache usually first cause the patient to seek field from his physician, azoriusa Capsules, provide both the rapid symptomatic relief desired by the patient and the vigorous antibacterial measures required for control of the underlying infection.

rapid relief of pain

Specific urinary analgesic action of phenylazodiamino-pyridine HCl-long noted as the standard G.U. tract analgesic - offers dramatic relief of painful symptoms. Visual confirmation of prompt action is the change in the color of urine the patient sees shortly after taking his first capsules of AZOTREX.

early control of infection

Combined activity of TETREX (tetracycline phosphate complex) and Sulfamethiazole offers unusually effective control of the gram-negative and gram-positive bacterial components identified in a great number of acute and chronic infections of the urinary tract. AZOTREX is especially indicated in mixed infections.

TETREX is the rapid and efficiently absorbed oral form of the antibiotic well-known for its broad-spectrum activity; singular freedom from such dangerous toxic reactions as blood dyscrasias, renal toxicity, hepatitis, neurotoxicity, anaphylaxis; and minimal undesirable side effects. TETREX is effective against a wide variety of organisms, including streptococci, staphylococci, pneumococci, gonococci, E. coli, A. aerogenes, Shigella. The excellent clinical results achieved with Sulfamethiazole in urinary tract infections1 are based on its remarkably high solubility (130X as soluble as sulfadiazine - the standard of comparison in sulfa therapy), low degree of acetylation in urine (only 5-7%), rapid and complete urinary excretion2...and broad-range usefulness, particularly in those patients sensitive to other sulfonamides. 3 Sulfamethiazole is effective against sulfonamidesensitive organisms, including E. coli, streptococci, pneumococci, B. faecalis, gonococcus.

With regard to B. proteus, Pseudomones and Aerobacter aerogenes results are unpredictable and sensitivity determinations are necessary to determine beforehand the effectiveness of any sulfonamide or antibiotic. Well-tolerated, with a wide margin of clinical safety, AZOTREX offers unsurpassed antibacterial treatment of urinary tract infections due to sulfonamide-sensitive and tetracycline-sensitive organisms.

an excellent choice in G.U. infections

cotrex

Azotrex Capsules

each capsule contains:

TETREX (tetracycline phosphate complex equivalent to tetracycline HCl activity) 125 mg.

Sulfamethiazole 250 mg. Phenylazo-diamino-pyridine HCl . 50 mg.

minimum adult dose:

One capsule q.i.d.

supplied:

Bottles of 24 and 100 Capsules.



References: 1. Buckwaiter, F. H. and Croak, G. A.: Antibiotic Med. & Clin. Ther. 5:46-51 (Jan.) 1055. 2. Osol, A., and Farrar, G. E., Jr., edh.: The Dispensatory of the United States of Amer-ian. 25th Edition, Philodelphia, J. B. Liepincott Co., 1963, p. 1981. 3. Council on Pharmocy and Chemistry. J.A.M.A. 24:471 (July 7) 1956.

of "res ipsa loquitur." They could provide a forum for open discussion of doctors who are community problems.

'Problem' Doctors

Q. Can you give me some examples of men you consider "problem" doctors?

A. Yes. For instance, in San Francisco we have three or four medical men who'll testify that a boy who's had his leg permanently twisted by negligent surgery is actually lucky. They'll tell the jury with a straight face: "The break is stronger than the rest of the leg now because of the callus that's formed around it." By the time they finish, you feel you ought to pay the defendant for crippling the boy.

On the other hand, we have a plaintiff's doctor who can hardly take the stand before he breaks down in tears. Pretty soon he's blubbering so hard you can hardly hear his description of Mrs. Astorbilt's oblique incision.

Q. Haven't you yourself acquired some reputation for supporting the facts with judicious emotional displays of one kind or another?

A. If I have such a reputation, it's definitely not warranted. I

may have sued more doctors than any other attorney. But I select my proffered malpractice cases with a fine-tooth comb. At most, I accept one case out of nine-and I bend over backward on the side of the doctor in making that selection. Please believe me when I say I've never accepted a malpractice case in which I didn't feel the doctor's negligence to be so plain that the facts would need no emotional highlighting. I have never prayed for damages I couldn't show in cold, unemotional dollars and cents to be proportionate to my client's past, present, and future deprivation and suffering. The doctors I've sued should first have been castigated by their medical brethren.

Why Claims Are High

Q. But don't many lawyers file for amounts that seem astronomically out of line?

A. Yes. The reason is that if more serious conditions develop from the injury later on, we may want to sue for additional damages. But the courts won't always let us boost the figure beyond hat named in the original prayer. So some lawyers name a very high figure to protect themselves

found effective in relieving iTCHING OF CHICKENPOX AND MEASIES in 93% of all cases





relieves itching...regardless of cause

Tablets, 2.5 mg., in bottles of 50 and 500. Syrup, 2.5 mg./5 cc. tsp., in 4 fl. oz. bottles.

Smith Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for trimeprazine, S.K.F. [dl-10-(3-dimethylamino-2-methylpropyl)-phenothiazine]

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for the future. Usually, this is merely a technical precaution.

Q. But I've heard of companies' dropping malpractice coverage because they couldn't make premiums high enough to cover potential losses.

A. I've never been satisfied that malpractice insurance premiums are realistic. Five times in the past five years in California, the insurance companies have used some malpractice case as an excuse to jack up their rates. They've risen 500 per cent—and there just hasn't been enough loss to justify anything near that.

It Isn't His Fault

Q. Many insurance men and doctors claim that you and your forecasts of \$500,000 malpractice awards are a major reason for rising premiums.

A. What nonsense! I've never meant that \$500,000 awards would become common. Aside from myself, how many lawyers in the country have had even a \$100,000 verdict awarded for their clients? Few doctors can do intricate neurosurgical procedures, or intracardiac operations. And few lawyers are awarded \$100,000 verdicts. I think doctors are actually being robbed by

the insurance premiums now charged.

Believe me, the insurance companies are still the major villain in this drama of doctor-law-yer-public discord. If the doctor would ignore his carrier's pressures and would admit in court that something went wrong and that nobody can be expected to be perfect, the judge and jury would treat him and his profession much more kindly. I've never seen a doctor do that yet.

Malpractice verdicts would go down 50 per cent if doctors as a group would only own up to their errors once in a while. Why won't they admit they're part of the human race?

I sincerely believe that something like my plan—a working doctor-lawyer panel, plus insurance to cover the patient for any untoward result, negligent or not—would greatly ease the present dangerous situation. So I profoundly hope the medical profession will examine my proposal without bias.

I'm suggesting a way to remove the stigma of guilt from doctors whose patients suffer untoward results. Wouldn't you say that this puts me clearly on medicine's side?



"Antacid? Rorer's Maalox. It doesn't constipate and patients like its taste better ... By the way, try their new double strength Tablet Maalox No. 2. It's great!"

 Maalox ⊕ an efficient antacid suspension of magnesium-aluminum hydroxide gel offered in bottles of 12 fluidounces.

TABLET MAALOX: 0.4 Gram (equivalent to one teaspoonful), Bottles of 100.

Tablet Maalox No. 2: 0.8 Gram, double strength (equivalent to two teaspoonfuls), Bottles of 50 and 250.

Samples on request.

WILLIAM H. RORER, INC., Philadelphia 44, Pennsylvania

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OFFICE MANAGEMENT MEMO

From Francis O. Calkins

Head of the professional management firm of PM-Cleveland (Ohio).



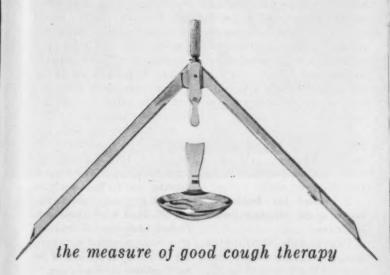
'I Must Talk to the Doctor'

You probably have your secretary screen all incoming phone calls. In spite of this, you probably get some routine calls about appointments, etc., that she should have been able to handle—but that she couldn't handle because the patient insisted on speaking with you personally.

Next time it happens, resolve to give this system a try:
Have your secretary type on a small card: "Caller insists on talking with you and won't tell me anything."
Have her bring this card to you whenever such a call comes in. If the call turns out to be one your aide could have handled, the card will remind you to tell the patient so.

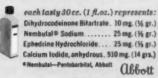
No need to reproach him; just let him know that you left another patient to come to the phone—that your aide can always relay questions to you if she can just find out what the questions are.

Finally, give the card back to your secretary. She'll need it again—but probably never for the same caller twice.



pleasant taste
full dose of iodide
treatment for every phase of the cough





If You're Looking for Tax-Free Income

Continued from 81

the country's general obligation bonds were in temporary default on interest or principal. And most of these were eventually paid off in full. Today it's almost unheard of for a state or city to default on such obligations. That's why they rate second only to U.S. Government bonds as far as safety is concerned.

Of course, you may have to pay a price for such gilt-edged security. General obligation bonds don't ordinarily offer the highest interest rates.

Limited tax bonds are backed by the collections from a single tax.

For example, Washington State now has a bond issue outstanding that's secured by the first 2 cents of a state-wide cigarette tax. This is obviously less safe than the security offered by a general obligation bond. Everything depends on whether or not this particular tax collects enough money to cover all interest and principal payments.

But the element of risk is in one respect a potential virtue: To make such bonds attractive. interest rates are often set higher.

Revenue bonds are backed by the income of a specific public enterprise.

Outstanding examples of revenue bonds are the many recent turnpike issues. Standing behind the promise to pay is the income from the roads' toll booths, restaurants, and gas stations—nothing more. Because of the risk, turnpike bonds offer very high yields, often as much as 5 per cent, sometimes more.

And there is a risk. Some revenue bonds have run into stormy weather in the past, when collections have failed to live up to expectations. At least one issue of turnpike bonds is now in partial default on interest payments. In fact, while eight of the country's major turnpikes were earning their keep at the end of last year, another eight were not.

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Generally, it's safest not to buy a revenue bond unless the project has been operating a few years and is earning enough to cover the bond's interest.

4. Housing authority bonds are, in effect, backed by the U. S. Government.

This type of bond came into being in 1951 as part of the Government program to encourage



Mucotin

the antacid with natural gastric mucin

- physically coats the crater
- chemically neutralizes acid

Mucotin promotes natural healing two ways:

PHYSICALLY natural gastric mucin in Mucotin promptly spreads a protective coat over raw or inflamed mucosa—creates an acid-barrier action against further gastric enzyme damage.

CHEMICALLY two proven antacid components are evenly dispersed by the natural gastric mucin and held in prolonged contact with sensitive mucosa to relieve pain and discomfort.

Mucotin is a soothing adjunct to any peptic ulcer regimen and assures prompt relief in hyperacidity, chronic gastritis, pylorospasm,

and gastroenteritis. Dosage: two pleasant-tasting tablets 2 hours after each meal or whenever symptoms are pronounced.

Each Mucotin tablet contains: natural gastric mucin 160 mg. (2½ gr.)

aluminum hydroxide gel 250 mg. (4 gr.)

Magnesium trisilicate 450 mg. (7 gr.)



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Smith Kline & French

Laboratories





bronchial asthma paroxysmal dyspnea Cheyne-Stokes respiration

dubin aminophylline

reliable diuresis potent myocardial stimulant bronchial relevant

tablets, ampuls, powder, suppositories

H. E. DUBIN LABORATORIES, INC.

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TAX-FREE INCOME

low-cost housing. Though the bonds are issued by local housing authorities against rents to be collected, they're also secured by a Federal agency.

Even with the Federal guarantee, they generally yield as high a rate of interest as general obligations. For example, housing authority bonds issued by Chicago were recently selling to yield about 3.75 per cent. So housing authority obligations may well be worth looking out for.

The Risks You Take

In fact, all four types of municipal bonds are worth your attention if you have money to invest, and if you have doubts about common stock. But don't forget that they *are* bonds, with the risks and limitations of every other kind of bond.

The biggest danger for the bond buyer is inflation. As a bondholder, you lend a fixed number of dollars. When the bond matures, you'll get back its face value. But by that time the money may be worth far less in purchasing power than it is now. Thus a man who bought a bond—any kind of bond—twenty years ago and sells it today actually loses more than half the real value of his money. More

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METAMI BUTABA RESERPI

Supplier

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Picture of health-no "angina problem"

(2 years post-infarct)

... on Metamine Sustained, b.i.d.

When anginal episodes persist in spite of E.C.G. evidence of "good recovery" from myocardial infarction, METAMINE SUSTAINED provides ideal protective medication. In fact, METAMINE SUSTAINED protects many patients refractory to other cardiac nitrates,2 reducing the number and severity of anginal attacks, or eliminating them entirely. Dosage is easy to remember: "1 tablet on arising, and 1 before the evening meal."

Each tablet of METAMINE SUSTAINED slowly releases 10 mg. of aminotrate phosphate (LEEMING), the long-acting coronary vasodilator virtually free of nitrate side effects nausea, headache, hypotension).2 And, when you prescribe METAMINE SUSTAINED your angina patient will need less nitroglycerin and thus remain fully responsive to that vital emergency medication.

Supplied: bottles of 50 and 500 sustained-release tablets. Also; METAMINE (2 mg.); METAMINE (2 mg.) WITH BUTABARBITAL (14 gr.); METAMINE (10 mg.) WITH BUTABARBITAL ($\frac{7}{4}$ gr.) SUSTAINED; METAMINE (10 mg.) SUSTAINED WITH RESERVING (0.1 mg.).

The Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.

Eisfelder, H.W.; Case history 4 /35. Pers. comm. 2. Fuller, H.L. and Kassel, L.E.; Antibiotic Med. & Clin. Therapy, 3:322, 1956



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TAX-FREE INCOME

If prices continue to rise, the same thing can happen to the municipals you buy now. Even a 1 per cent annual increase in the cost of living will steadily erode the real value of the cash you'll get when your bonds eventually mature.

Another drawback is the limited chance for capital gain. In recent years, many stocks have doubled or tripled in value. Gains like that can seldom be made with a municipal bond.

It's true that if you buy a bond at a discount and hold it to maturity, you're sure of a profit; but it'll be a comparatively small one. And if you need to sell a bond before maturity, you may even take a capital loss. Investors who bought some issues as recently as two years ago would lose if they sold today.

Then, on balance: Are municipals for you? The answer depends on the investments you have now.

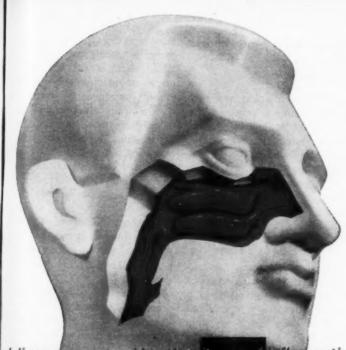
If most of your savings are already in fixed-dollar investments like savings-and-loan shares, insurance, and annuities, then municipal bonds are probably not for you. But they may well be your best bet if you're looking for a safe, high-yield investment to balance your common-stock portfolio.

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NASAL SPRAY I TRACTION IN THE STREET OF INFORMATION IN THE STREET OF INFOR

Prednisolone 21-phosphote with Propadrine®, Phenylephrine® and Neomycin

Only N.D. HYDELTRASOL provides its steroid component in true solution—a definite the rapeutic benefit, since in pure solution more of the steroid is immediately available to inflamed naval mucosa.

The anti-inflammatory action of the prednisolone 21 phosphate is reinforced by two quable decongestants—for fast and prolonged action—and neomycin to combat (ranasal infection.

Supplied to 15-cc. plastic spray bottles NEO-HYDELTRASQL is a tradement of Merck & Co., Inc.



MERCK SHARP & DOHME Division of Merck & Co., Inc., Philadelphia 1, Pa.

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Management Consultants: What Do They Charge?

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screening or training new personnel; finding a location for a new office; designing an office layout; setting up an estate plan.

You may also be charged extra if you use the management firm's clerical services (for typing collection letters, say, or if the firm sends over a stenographer while your aide is on vacation).

Largest Cost First

But you may well run into your biggest extra-cost item right at the start of your relationship with a management firm. You'll probably be asked to pay from \$50 all the way up to \$500 for a little item called a survey analysis. This is just about what you'd expect: a long, hard look at your practice, followed by a report on it. The average cost of such a survey is about \$200.

But don't bother earmarking money for this survey until you get word from your consultant. Not all management advisers believe in doing an extensive survey of your practice right off the bat. Says John Post of Professional Business Management, Washington, D.C.: "A critical survey is usually unpleasant to take if there are adverse comments, and unimpressive if there are only complimentary remarks.

"On the first visit to a doctor's office, it's better simply to make observations on pertinent subjects, and not to go to extreme lengths. Unless deficiencies are glaring, changes and corrections should be made slowly and carefully."

Another management consultant, who usually spends two or three days studying a new client's practice, explains his philosophy this way:

"Doesn't any good doctor take a complete medical history of a new patient? It's the best way to find out what's causing the symptoms. Well, in the same way we want to find out all we can about the doctor, his office, and the way he's been handling things up to now.

"We don't tell the client everything we find out in our initial survey, any more than he'd necessarily tell a patient everything he found out in a physical check-up. But if something goes wrong with his practice six months from now—if, say, collections fall off—we want to be



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MEDICAL ECONOMICS · MARCH 16, 1959 26

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olbe able to say something specific like: 'Fire that secretary. She's no good'; or, 'Stop apologizing when you tell patients what your fee is going to be.' We can only tell him what to do when the time comes if we get a good line on him beforehand."

To see why you pay a surveyanalysis charge to some of the consultant firms, let's look at a fairly typical survey. PM Southeast, with headquarters in Southern Pines, N.C., usually makes a two-day operation of it. What happens? Most of the first day, the management man watches the actual operation of the doctor's office. That night, he may spend up to six hours talking things over with the physician. The next day, he goes over the office books, filing systems, medical records, etc.

The client next gets a written report of the survey. Finally, he and the consultant get together again to discuss the recommendations. Charge for all this: \$200, minimum.

What does such a survey give you for your money? Here's what one practice consultant says he checks:



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PROTECT Little Braves' Bottoms



"DIAPARENE PERI-ANAL is an efficient and safe agent in the prevention and treatment of perianal dermatitis"*...newborn "sore-bottom" due to loose, transitional stools and irritations caused by diarrhea or loose stools following oral antibiotic therapy.

CONTAINS: methylbenzethonium chloride 1:1000, zinc oxide, starch, cod liver oil and casein in a water-repellent base.

*Grossman, Leo, "A New Specific Treatment for Perianal Dermatitis", Arch. Ped., 71:173-79, June, 1955.



ANOTHER FINE PEDIATRIC SPECIALTY BY BREON HOMEMAKERS PRODUCTS DIVISION, GEORGE A. BREON 4 COMPANY, 1450 BROADWAY, NEW YORK 18, N.Y.

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"We see how faithful the doctor is to an appointment schedule, how much time he spends on each patient, whether he does injections or lets the nurse do them, whether he X-rays very often, what kind of fee schedule he has.

"We go over his equipment: what it cost him, how much it has depreciated, whether he has enough diagnostic aids. Then we find out how he keeps his books. We check his spending habitswhether he puts all the money in the bank or takes some home out of cash receipts. We look at his patient accounts and ledger cards. We study his collection procedures. We find out how he handles insurance claims.

"If he's willing (some doctors aren't), we go into his life insurance program, his investments, his will, his estate planning. We're even ready to talk about his pocket-money problems and the household budget."

Can you hire a management man for a one-shot service rather than retain him on a continuing basis?

There's nothing to stop you from doing this. Chances are, you'd get some valuable advice from the one-shot treatment. But an established consultant probably wouldn't make an initial survey unless he felt you at least intended to keep using his services.

Some management men do make one-shot surveys for doctors who practice too far from the firm's home base to be visited regularly. You may also get a practice-management firm to make a one-shot survey if you happen to live in an area where the firm's thinking of opening a branch office.

Any hope of your getting a special rate?

Maybe, if your practice requires less of the consultant's time than average. Or if you're just starting out. Beginning doctors are sometimes charged less -perhaps \$25 a month for a solo man from a management consultant who usually gets about \$50 for basic services.

The theory is that the new doctor doesn't have the problems of an established practitioner. Moreover, the consultant is looking ahead. He figures that the new doctor, if he finds good management methods paying off, will be a client for a long, long time.

How long can a beginner

... and one to grow on



A tiny tablet of REDISOL to stimulate the appetite—to help in the intake of food for growth.

REDISOL is crystalline vitamin B₁₂, an essential vitamin for growth and the fundamental metabolic processes.

Ideal for the growing child, the REDISOL tablet dissolves instantly on contact in the mouth, on food or in liquids.

Packaged in bottles hermetically sealed to keep the moisture out and to retain vitamin potency in 25 and 50 mcg. strengths, bottles of 36 and 100 —in 100 mcg. strength, bottles of 36, and in 250 mcg. strength, vials of 12.

Also available as a pleasant-tasting cherry-flavored clixir (5 mcg. per 5-cc. teaspoonful) and as Rebisol. injectable, cyanocobalamin injection USP (30 and 100 mcg. per cc., 10-cc. vials and 100 mcg. per cc. in 1, 5 and 10-cc. vials).

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MERCK SHARP & DOHME DIVISION OF MERCK & CO., INC. PHILADELPHIA 1, PA. count on a reduced fee? Possibly for the first six months or so of practice. Or there may be an arrangement based on the starting doctor's income. Says Oscar W. Gaarder of Gaarder & Miller, a professional management firm with headquarters in Madison, Wis.: "We normally start with a fee of \$25 a month until the young doctor's net profit has been \$1,000 monthly for three consecutive months. Then we go to the regular fee."

But some firms don't go in for a reduced rate. They figure that the beginner needs at least as much service as the M.D. who's established.

Suppose you're not a new doctor, but merely new in the community. Can you get a discount from a local management consultant? Probably not, if you've had a practice somewhere else.

But what about the rare doctor who, for no apparent reason, can't seem to make ends meet? "In that case," says one consultant, "he usually needs more help, not less. Rather than reduce our charge, and perhaps skimp on services, we prefer to provide extra advice for the same fee."

Whatever the fee arrangement, this fact remains: Most physicians who decide they could use a practice consultant in the first place seem to end up as satisfied customers. The problem for you may not be a professional management firm's price tag, but another question: Can you find a qualified man in your community? I'll take up that matter in an early issue.

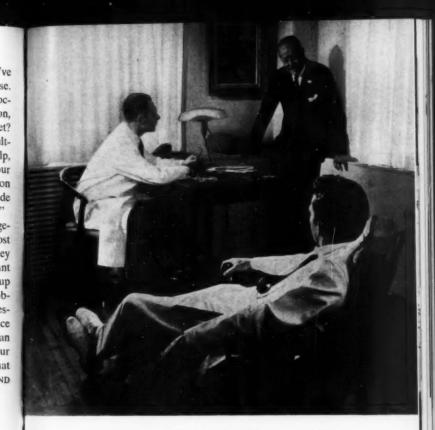
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his is too much!

I'm an anesthesiologist. Recently I charged a businessman what I thought was a reasonable fee for my services during a major operation. Apparently he didn't consider the fee so reasonable. The bill was paid promptly, but pinned to the check was this note: "I saw your mask, but I didn't see your gun."

—FLOYD F. MARCHI, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.



Doctors, too, like "Premarin"

T HE doctor's room in the hospital is used for a variety of reasons. Most any morning, you will find the internist talking with the surgeon, the resident discussing a case with the gynecologist, or the pediatrician in for a cigarette. It's sort of a club, this room, and it's a good place to get the low-down on "Premarin" therapy.

If you listen, you'll learn not only that doctors like "Premarin," but why they like it.

The reasons are fairly simple. Doctors like "Premarin," in the first place, because it really relieves the symptoms of the menopause. It doesn't just mask them — it replaces what the patient lacks — natural estrogen. Furthermore, if the patient is suffering from headache, insomnia, and arthritic-like symptoms due to estrogen deficiency, "Premarin" takes care of that, too.

"Premarin," conjugated estrogens (equine), is available as tablets and liquid, and also in combination with meprobamate or methyltestosterone.

Ayerst Laboratories • New York 16, New York • Montreal, Canada

"It is concluded that the addition of buffering agents to acetylsalicylic acid in the concentrations used serves no clinically detectable useful purpose."

> 'Sadove, Max S. and Schwartz, Lester: An Evaluation of Buffered Versus Nonbuffered Acetylsalicylic Acid, Postgraduate Medicine; 24:183, August, 1958. Nonbuffered Material Used—Bayer® Aspirin.

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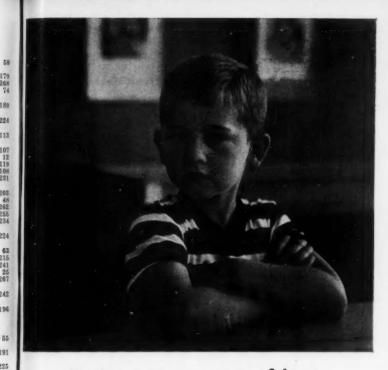
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Patient expresses confidence in doctor's cough medicine

AN EXPRESSION OF CONFIDENCE in your therapeutic ability may be expected when you prescribe Pyribenzamine Expectorant for cough in children. A combination of 3 active agents, Pyribenzamine Expectorant with Ephedrine relieves congestion, makes breathing easier, promotes productive expectoration. And the cherry flavor is usually quite acceptable to pediatric tastes.

DOSAGE: 1/2 to 1 teaspoon every 3 or 4 hours.

SUPPLIED: Expectorant with Ephedrine, containing 30 mg. Pyribenzamine citrate 10 mg. ephedrine sulfate and 80 mg. ammonium chloride per 4-ml. teaspoon.

ALSO AVAILABLE: Pyribenzamine Expectorant with Codeine and Ephedrine, same formula plus 8 mg. codeine phosphate (exempt narcotic).

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Memo

From the Publisher

Growth Industry

You hear a lot of talk about growth industries. Actually, the industry you're associated with-the health industry-shapes up as one of the best bets of all for solid long-term growth.

This fact shines through the sixteen pages of charts, tables, and text that comprise "Your Practice Ten Years From Now." Take a look at pages 82-97 in this issue and see if you don't agree. Scan them with this in mind:

Back in 1923, when this magazine began, the health industry was a billion-dollar business. The American people spent between one and two billion dollars that year for medical and health items.

This year, by contrast, they'll spend between sixteen and seventeen billion dollars for this purpose. And by 1969, they'll be spending thirty billion dollars annually on health and medical care.

Hard to believe? Some find it so. After reading advance proofs of our current article, one doctor snorted: "So I'll be grossing about \$50,000 annually in just ten years. What a pipe dream!"

We reminded this physician of an important point stressed in the article: "The figures represent only potential income. They show what medical practice could be like, on the average. That's not necessarily what it will be like for you."

We reminded him of something else, too:

This same physician had snorted just as hard back in 1947, when he'd read that medical earnings might double by 1959. Yet double they have. And as our current article makes clear, further substantial gains are still in prospect.

Of course, all forecasts are fallible. But those in this issue are rooted in almost irreversible trends: population growth, rising national output, the steady spread of medical insurance, the increasing value attached to good health. The projections of these trends are as accurate as trained statisticians can make them. The conclusions are as sound as conscientious analysts can draw.

For all these reasons, we feel that the forecasts in this issue come pretty close to the truth. "Barring war, socialized medicine, and acts of God," as the article says, you can confidently invest in your own future-and in the health industry's future too.

-LANSING CHAPMAN